The Unknown Causes of Disease

THE UNKNOWN CAUSES OF DISEASE

THE IDIOPATHIC NATURE OF MEDICINE

The Unknown Causes of Disease

The Idiopathic Nature of Medicine

The circle with the Cross
These make for the sign that all thou hast heard is fulfilled in Him

Hospitallers Order of the Good News

The Lord He Is God

Trust in Him who Is the Way

Keep thy faith in Him, that All will be and is right!

And make thy life, thy activities in accord with same!

The Unknown Causes of Disase, The Idiopathic Nature of Medicine

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Book Nº

In Gratitude To

This Book is dedicated to the following:

To the God of Abraham: Who Is The God of Humankind, Our One and Only Lord and Saviour The Christ. This Book is dedicated to all souls who search for Him, our Lord God the Christ. An in particular to those whose writings of old still keep inspiring and education those on Earth. This book is produced and given as a testimony that: "The Lord He is God", and know that the Lord walks with us everyday, even if you do not see Him, He Is with us, He Is with those who ask for Him, for the Lord Is God of Humankind. These are not vain words, but are those words from those who know The Lord, His Ways, His Coming. The Order dedicates this Book to: to all those who have perished at the hands of ignorant men; To all those Wise Men who understood the difference between what is right and what is wrong; To those wise ones, who are ever present and let not fall civilization. This book is also dedicated to many countless others, whose names do not appear here but they know who they are. To all physicians, whose convictions regarding the soundness of principles set forth in this work, and whose fearless advocacy of Therapy based on these principles have been a constant source of encouragement and inspiration to many, this book is also dedicated.

"The Lord He Is God"

Has in the Oneness of the Living God the Christ Our Lord and Saviours, so it is in the oneness of comprehension and understanding in which those points of truth these authors all conclude and agree upon. And as a result on which they all agree this book is produced and given as a testimony that: "The Lord He Is God", and the Lord walks with us everyday, even if you do not see Him, He is with us, He is with those who ask for Him for the Lord Is God of Humankind. These are not vain words, but are those words from those who know The Lord, His Ways, His Coming. And many others whose names do not appear here but they

know who they are. To all physicians, whose convictions regarding the soundness of principles set forth in this work, and whose fearless advocacy of therapy based on these principles have been a constant source of encouragement and inspiration to many, this book is also dedicated.

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The collective knowledge generated from academic research summarized in various references has been critical in the creation of this published work, which is best viewed as a comprehensive compilation and collection of published information by many authors throughout the ages, as well as personal and clinical experience in the treatment of self and others. This work was possible only by the guidance and Light of Christ who Is God. A special thanks also to those who work with Him and help all of us. May each individual be able, to find this eternal truth, while on earth.

Credits and References

Although all credits and references where given to the best of our knowledge and information contained in the central archives of the Hospitallers Order of the Good News. If there is any errors or mistakes we kindly ask the reader to allow the knowledge of such items in order to rectify same in future editions of the present Book.

Health and Therapeutic Journals and Books

The present work rests upon the foundations of those civilization luminaries, men and woman of exceptional talent, intuition, and detailed observation. Furthermore it was a privilege to us, for them to have the dedication and time to write and publish their clinical findings. There is then a vast amount of Journals and Books devoted to the Health and Therapeutics. Of these printed records those from 1850 to 1950 in this one hundred year period we specially encounter that the majority of what is to be known concerning disease its origin and its treatment and cure,

where in fact correctly identified. These records, in their collective, contain timeless observations of which many remain permanent truths. These pearls are hidden from plain sight, only the adept or the initiated can identify them and pick one by one, from the surrounding confusion.

Sources

This book is a Record of the clinical findings of many great Health Practitioners, their findings remain the same throughout the centuries. All share the same conclusion. The Truth is in plain site. Apart from the Archives of the Hospitallers Order of the Good News Library, we are also very grateful to all libraries, who have kept books for the last 200 years, those of which by their keeping allowed the information on those books to survive, and be upon their withdrawn from their keeping available to purchase by the Order, and kept in its Archives and Library. The Hospitallers Order of the Good News, has therefore obtained many of this rare Books, many of which are not available, nor found in libraries, for this we thank The Lord who Is God, for having placed the same in keeping of the Order.

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The information contained herein is not intended to replace a one-on-one relationship with a qualified healthcare professional. This information is not intended as "medical" advice, but rather a sharing of knowledge and information based on research and experience. The Hospitallers Order of the Good News encourages the reader to make your own health Care decisions based on your judgment and research in partnership with a qualified Health Care Professional. These statements have not been evaluated by the Food and Drug Administration, in the USA. The information on this Book is not intended to diagnose, treat, cure or prevent any disease." As sad it may be, that one is forced to place such a disclaimer, just serves to illustrate the state where the present civilization is at the moment. A civilization founded on lies has no future, a civilization based on false or fake pretences has no future, a civilization that follows political correctness is fake by proxy. To sustain the present civilization is to sustain a lie. Thus the solution is to establish a new civilization, this if Humankind will ever have a chance to develop on Earth.

In that the End of Times and the Beginning of a New Era, 2021

To all the Clinicians that have taken their time to record the information here given. And To Him, To Whom Health is Wealth, This Book is Dedicated.

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Introduction

Etiology: Etiology refers to the causes of diseases or pathologies.

Idiopathy: Where no etiology can be ascertained, the disorder is said to be idiopathic. An idiopathy is any disease with unknown pathogenesis or apparently spontaneous origin. If a condition is of Idiopathic origin this then is very convenient indeed for the Medical practice it guarantees a perpetual return of a costumer. For the application of the same which bring no betterment in its conditions but only an illusion of temporary relieve which sooner or later will inevitably come to an end, and in the mean time quality of life money and resources have been unnecessary spent in a false attempt of cure, by such unnatural methods.

The Medical Practitioner, comprehends not, the following Truth The Human Body comprehends not the "scientific method" the human body only comprehends the natural method, because the human body is of nature not of science.

In another words the human body is not a mechanical machine. It is rather a **living organism** (if we can summarise the complexity of the human body; in only two words).

"A long hospital experience had taught me that the vast proportion of ill health and disease was due to defective diet and bad habits, and that constipation and its evil results comprised the great share of the ills of life, and that it and they were consequent on the defective supply of proper food to the body. In other words chronic intestinal stasis, the name I had employed to comprehend the cause and consequences of constipation, had to be explained fully to the general public. At that time I was doing a practice of ten thousand a year and I was fully conscious of the fact that if I

appealed directly to the public I would incur the criticism and opposition of the British Medical Association, and of the general body of the profession. I knew I could count on the latent or possibly the active support of the more intelligent section, but that is, of course very limited in numbers." - in Sir William Arbuthnot Lane, Bart., CB, MS, FRCS "His life and Work".

"It is owing to our ignorance that there is any necessity for instruments to cure disease." - Dr John Abernethy, MD

If we consult the millions of books which have been published by the Medical Club it is impressive on the mess which their absurd theories are based. Many are the books that exemplifies the total Absurdity of the Medical "science".

"O, Temperance," says Sir William Temple, "thou physician of the soul as well as the body, the best guardian of youth and support of old age, the tutelar goddess of health and universal medicine of life, that clears the head and cleanses the blood, that eases the stomach and purges the bowels, that strengthens the nerves, enlightens the eyes, and comforts the heart; in a word, that secures and perfects digestion, and thereby avoids the fumes and winds to which we owe the colic and spleen, those crudities and sharp humours that feed the scurvy and gout, and those slimy dregs and humours of which the gravel and stone are formed within us; diseases to which man kind are exposed rather by the viciousness than frailty of our nature, and by which we often condemn ourselves to greater torments and miseries of life than perhaps have yet boon invented by anger and revenge, or afflicted by the greatest tyrants upon the worst of men. And yet so little notion have the generality of mankind of the virtue of temperance, that life with them is nearly one

continued scene of intemperance." - Dr Wooster Beach, MD in "The American Practice of Medicine", 1852.

There is no profit in informing on a cure for a disease!

Rather the profit exists, if that condition, or disease is maintained.

In the instances where poisons are given under the name of Medication, which are Artificially Produced Synthetic Chemicals, which are Poisonous to all Systems of our Body.

And their Nefast Actions are first made upon:

First: Disturbing and Irritation of the Digestive System.
Second: Disturbing the Nervous System.

These Drugs (Poisons) intoxicate the body and keep the individual, as a patient, in permanent dependency.

Medicine apply to individuals antibiotics, and these don't resolve the root cause of the manifested problem, which cause its first appearance, but rather kills the bacteria that feast in the putrefaction produced by the primary cause.

Thus, the application, or taking of antibiotics, rather then to be the cure, is a mere delaying in the co-occurrence of the same condition, unless there is a change, or an application to the rectifying of the condition. **Profit exist in the perpetuating of Ignorance and the dissemination of ignorance.**

If the discovery of any cure, for any disease then:

The Free Money, Free Funding, from both the Governments, and from Disease Charities, this free money, and free funding, given by the Public Purse, and Governments would be stopped. Because the cure had been found. The Medical Trade, has converted the Service of Health Care, into a Monopoly, which by having governments passing laws (made by them), have gained an absolute control over the health care sector of nations in the last 100 years.

"The first step toward a cure is to know what the disease is." - Proverb

Chapter 1

On the Nature of Disease

"The healthy know not of their health, but only the sick: This is the Physician's Aphorism." - Thomas Carlyle in "Characteristics"

"We are told by a late eminent writer Hooper: "that any deviation from the natural and healthy action of the whole system, or any particular organ, constitutes disease."

And yet, after this most simple and plain acknowledgement, we are told, that it is necessary to study the symptoms and indications of fifteen hundred diseases. This absurdity will sufficiently account for the errors that are daily taught in our colleges, and practised in our medical schools. Suppose an author should assert that hunger arises from a want of food or sustenance being given to the system, or withheld from the stomach in particular; and then tell us, that hunger presented no less than fifteen hundred symptoms, all originating in one common cause, yet to be combated singly; we should not only doubt the accuracy of such a philosopher, but disregard his authority on all future occasions. Thus we might go on drawing the contrast, until we had noticed all the general heads of disease, as consisting of nineteen generalities, which, when analytically given, amount to fifteen hundred, all of which are enumerated in the nosology of the learned. But, having wearied ourselves to no purpose, we should be induced to give up the task, in despair of doing any good; and having retraced our steps, we should arrive at the point from which we first started out, namely:

"That any deviation from the natural and healthy action of the whole system, or any particular organ, constitutes disease."

If this, in reality, be the definition of disease, why is it necessary to spin it out into innumerable threads, and cumber it with so many incomprehensible technicalities?

No just reason can be assigned for such conduct, save that monopoly delights to be clothed in mystery, and this specious delusion has usurped the name of science, in order to keep the world in awe, lest the public should obtain a knowledge of the daily imposition that is being practised upon them. In order to keep up a tone of respectability, the faculty labour to make an impression on the public mind, to the effect that their system is based on science, and contains all the ingredients of reason that the mind can employ.

Science, when pure, is the evidence of truth, based on a knowledge of the laws of nature; in which form it is beginning:

"To spread its lucid ray
O'er lands that long in darkness lay."

Even now the idea is nearly exploded, that years of study and college training are required in order to become acquainted with the fact That disease is only a deviation from the natural and healthy action of the whole system. Following out the symptoms of disease as taught in the schools, is like the numerous cases reported in the coroners' inquests, such as "died from exhaustion," "died from debility," "died from want of food," "died from want of sustenance in the stomach;" and in many cases, when the victim has been hurried to the grave, through the ignorance or inattention of the doctor, a verdict of "died by the visitation of God" has been returned by the jury. Almost every disease to which it is said we are subject has furnished a theme on which volumes have been written; theories have thus been ushered into existence, strange names and unintelligible technicalities have been invented, and the veil of mystery has been drawn closer; to these circumstances we are indebted for pathology being so faintly comprehended and so little understood. The celebrated Dr. Bush assigns as

a reason, why the faculty fail of curing disease, "the want of a knowledge of it"; other eminent members of the faculty express a similar opinion. In a late number of the British and Foreign Medical Review, we find the following admission "The intermittent nature of disease must certainly be better understood before we can practice medicine scientifically"; and in the London Medical Repository, vol. ii. Page 97, we find the following candid, and yet, to the afflicted, appalling acknowledgement:

> *"After an interval of 2,000 years, from the establishment by Hippocrates of what may be reasonably denominated medical science, to this time, it is remarkable that a sufficient number of data, or facts have not been recorded for laying the foundation of a full and convincing theory of disease, as far as respects its cause and cure. If whatever can be assumed to be rational medical theory must be founded on a series of actual facts, and not on gratuitous data — and if there is individually a paucity of such facts — any plan which tends to remove this difficulty, by whomsoever projected, or by whatever medium given to the public, deserves, and will receive, a countenance and an approval proportionate to its merits."*

Dr. Reece (an authority of celebrity) says:

> *"The symptoms of disease are often so doubtful, and so varied in their character, as to require much observation and practical experience to enable us to make the distinction between one disease and another."*

Again, the celebrated Dr. Thomas says:

> *"Physicians are often mistaken as to the locality of the disease, in children especially."*

Dr. Benjamin Rush also says:

> *"How often physicians ought to blush at their prescriptions, when upon a postmortem examination, they find that they have altogether mistaken the locality of the disease!"*

Lord Bacon assigns as a reason why the science of medicine has not progressed and kept pace with the other sciences, that:

> *"Physicians have reasoned in a circle and not in a line."*

When we reflect upon the number of theories of disease that have been propounded since the clays of Hippocrates to the present time, and consider the advantages that would naturally flow to the aid of those theories from the sciences, particularly anatomy, physiology, and chemistry; when we reflect upon these advantages, we must conclude that we have facts and data sufficient to enable us to place the science of medicine upon such a pinnacle of honour, that every other science must obediently follow in the wake of this benevolent benefactor. But, alas! for suffering humanity, our graveyards tell a different tale. From the lettered monuments you learn, that three-fourths of the inhabitants sleeping there, were under thirty years of age when they died. Had science no remedy for these afflicted ones? Yes, but the monopolists have failed to discover the remedy, and, like the dog in the manger, will prevent others from emancipating the world from ignorance, lest they lose their profit. Many of the profession, who have ranked high in the medical world, have retired from it in disgust; finding all their efforts to combat disease unavailing, they have voluntarily abandoned the practice of medicine, relinquishing their labour in despair. With minds such as these gentlemen must have possessed, had they been taught more of nature and her operations, and less of the logic of the schools, they would have conferred incalculable

blessings on mankind. We have before remarked that all the diseases to which the human family is subject proceed from one common cause.

Hooper states, that: "disease is only a deviation from the natural and healthy action of the system, or any organ in particular";

Hippocrates says:

> *"All diseases resemble each other: in form, invasion, in march, and decline, the type of all diseases being the same."*

Dr. Harvey, the discoverer of the circulation of the blood, says:

> *"It cannot be told in fewer words, than that health is a free circulation, and sickness an obstructed circulation of the blood".*

Dr. Thatcher, author of the American Dispensatory, says:

> *"All diseases originate from obstructed perspiration".*

Dr Brown, author of the Brunonian system, says, — he wasted more than 20 years of his life in learning, teaching, and scrutinising medicine; it was only between the fifteenth and twentieth years of his studies, that like a traveller in an unknown country, wandering in the gloom of night, after losing every trace of his road, a very obscure beam of light, like that of the first break of day, dawned upon him.

Dr. Dickson, author of the Fallacies of the Faculty, and a medical officer in the staff, in adverting to the above statement of Brown, remarks:

> *"It was my fortune to be more early staggered with the inadequacy of received doctrines, either to explain disease or to cure it".*

Dr. Dickson's opinion of disease is:

"But one cause, and that, in fact, intermittent."

From the above authorities, it is evident that our first position, namely, that disease is a loss of animal heat, or a disturbed operation of it, is correct." - Albert Isaiah Coffin, MD in "Botanic Guide to Health, and the Natural Pathology of Disease", 1866.

General Pathology

"Disease may be defined as a perversion either of the functions or of the structure of the body or of any of its parts. It is, in other words, a deviation from the normal physiological state or action of the organism, under the disturbing influence of **morbid causes**.

The **seat** of disease may be
In the **constitution**: e. g. secondary syphilis; tuberculosis.
In special **tissues**: e. g. mollities ossium.
In particular **apparatus**: e. g., dyspepsia; hysteria.
In individual **organs**: e. g. pneumonia; cirrhosis; hydatids.
In the **blood**: e. g. anaemia; scorbutus; typhus.

Of course, disease may be, and generally is, not limited to what is to be regarded as its principal or original seat. For example, in cholera, while its cause, no doubt, acts first upon the blood, the ganglionic system is also affected, as well as the stomach and bowels, &c.

Morbid states of the **system**:
Fever;
Toxaemia;
Anaemia;
Plethora;
Degeneration of organic force (Cachexia);
Depression;
Exhaustion.

Morbid states of **organs**
Hyperemia;
Hypertrophy;
Irritation;
Inflammation;
Hyperaemaesthesia, or "chronic inflammation";
Atony; Exhaustion;
Atrophy;
Degeneration.

Of the above, the most important general or systemic morbid states may be included under **fever**, **toxaemia**, and **cachexia** (weakness and wasting of the body); constituting a sort of "tripod" of systemic disease. A similar tripod of the most frequent and important local disorders may be established, of **irritation**, **inflammation**, and **atrophy.**" - Dr. Henry Hartshorne, MD in "Essentials of the Principles and Practice of Medicine", 1867.

Dyspepsia

"G. Sée ("La France médicale et Paris medical", No.52, 1893) claims that a third of the patients thought to be dyspeptic are actually sufferers from intestinal disease. This is especially true of women, for a careful examination, both by physical and chemical diagnostic measures, reveals good gastric function and no dilatation.

The whole trouble lies in the intestine, and pre-eminently in the large intestine. The small intestine, in such cases, is healthy. The condition deserves the name of muco-membranous enteritis, and is characterized by disturbances in the functions of the colon, gaseous fermentation, and dilatation of this intestine. Nothing reveals the diagnosis with more certainty than the passage of mucous, glairy, ribbon-shaped or cylindrical masses in which the faeces are often hidden. These mucous products are also frequently accompanied by the hardened residua of undigested food.

Treatment consists in evacuation by mechanical means

(olive-oil or senna), calming the pains by bromide of calcium or strontium or cannabis Indica, limiting fermentation and formation of gas by the phosphate, biborate, or salicylate of sodium, etc.

According to Plicque ("Le progrés médical, Paris", 3 Feb. 1894) false dyspepsia may depend on:

1.Disorders of other parts of the digestive apparatus than stomach, and especially of the mouth, intestine, and liver;
2. Lesions of the genito-urinary organs;
3. Different troubles of the nervous system.

Artificial Dyspepsia

Is produced by coarse hygienic and dietetic faults, by alimentary or medicinal poisoning of different kinds, and by professional, accidental, or criminal poisoning.

Gastro-Enteric Rheumatism

This is the name given by H. M. Lyman ("American Journal of the Medical Sciences, Philadelphia", June 1894) to certain disorders of the nervous and glandular apparatus of the alimentary canal, constituting a distinct and definite form of rheumatism, just as rheumatic tonsillitis is a definitely-localized manifestation of arthritic disease in the fauces. The location of the pain is generally abdominal, usually occupying the epigastrium or the hypochondrium. It is a dull, deep-seated, widely-diffused, and persistent distress, quite different from the pain of ordinary gastralgia, hepatalgia, renal or intestinal colic, or peritonitis.

In short, it possesses all the characteristics of neuralgia, affecting the ganglionic nervous system rather than the cerebro-spinal nerves of the body. It seems probable that the symptoms are the result of toxic influences affecting the tissues as a consequence of hepatic and renal insufficiency." - in "Annual of the Universal Medical Sciences", 1895.

Chapter 2

Diseases of Unknown Cause

"I say this advisedly; for now the supposed masters in the profession are looking for the causes of disease, and it should be obvious to any thinking mind that, until the cause of disease is found, certainly no dependable advice can be given as to how to avoid disease." - Dr J.H. Tilden, MD, 1926.

"Diseases Don't Just Happen!" - Dr. Lorraine Day, MD

"Samuel Thomson (1769-1843, Founder of Physiomedicalism) was a self-educated man, a student of nature, who strongly advocated care of the stomach, good food and proper elimination. Many of his principles and methods are matters of common sense and, in fact, were not uncommonly employed by other successful physicians." - in Journal of American Medical Association, 19 August 1911.

"One of the first duties of the physician is to educate the masses not to take medicine." - Sir William Osler, in "Aphorisms from his Bedside Teachings", 1961.

"Mass disease and mass exposures require mass remedies. Mass remedies require the masses to be part of the solution." - British Epidemiologist Professor Geoffrey Arthur Rose, CBE (1926-1993)

"Medicine is a collection of uncertain prescriptions the results of which, taken collectively, are more fatal than useful to mankind." - Napoleon

"It then occurred to me that many an interior complaint suddenly disappeared, as soon as an eruption showed itself on the exterior. Could not, so I asked myself, such an eruption be brought about by artificial means? In other words, could it not be possible by some means or other to help the morbid matters, concealed in the interior of the body, to break through, to entice them out on the surface of the skin, and so relieve the water-cure of a good deal of its work?"
When the evacuation of the bowels is irregular, in most cases the whole organism is not in order, not only the stomach or some other particular part; and I am of the firm conviction, which a great number of cases have always confirmed, that again the water is the surest and most harmless remedy to be found on the earth. It helps by being applied interiorly, and by being permitted to operate exteriorly.
One of the first questions which the doctor puts to the patient is: are the bowels regular? If this is so, one has the first sign of health; if they are irregular, it is the sign of the commencement of an illness, and if this evil is not remedied, the patient goes to meet an illness, sooner or later, perhaps an early death." - Sebastian Kneipp in "My water-cure, tested for more than 35 years and described for the healing of diseases and the preservation of health".

"From the moment of his birth the individual has to maintain a precarious balance between toxins and anti-toxins. What is far more important than disease is "disorder" - that is, wrong structure and wrong functioning." - Sir William Arbuthnot Lane, MD in "New Health for Everyman", 1932.

"Almost all physicians of lengthened experience and observation come to the conclusion that the most simple practice in disease is the best. They express such an opinion, but very often do not act upon it. And why? The reasons will be found in the following Treatise. Very often, also, principle in treatment is only another name for routine; and both refer more to the physic than to the body into which it is to enter. Any disease whatever being named and its treatment demanded, a consultation equally brief with that in Moliere's comedy leads to the same routine advice:

Clysterium donare,
Postea seignare,
Ensuita purgare.

(To give enemas, then to bleed, then to purge)" - Dr James Manby Gully, MD in "The simple treatment of disease deduced from the methods of expectancy and revulsion" 1842

"For this people's heart is waxed gross, and their ears are dull of hearing, and their eyes they have closed; lest at any time they should see with their eyes, and hear with their ears, and should understand with their heart, and should be converted, and I should heal them. But blessed

are your eyes, for they see: and your ears, for they hear. For verily I say unto you, That many prophets and righteous men have desired to see those things which ye see, and have not seen them; and to hear those things which ye hear, and have not heard them." Matthew 13:15-17

"Dr. Samuel Dickson's work called "The Fallacies of the Faculty", ... and proving the so called science of medicine, as taught in the schools, and practised on the public, to be little better than a random network of guesses..." - Dr Samuel Dickson, M.D in "Revelations on Cholera; or, its causes and cure", 1848

"Lord Byron called medicine " the destructive art of healing." How truly it proved to be so in his own person." - Dr Samuel Dickson, MD in "What killed Mr. Drummond, the lead or the lancet? By an old Army surgeon." 1843

"Neglect of the organic laws will produce disease, pain, and premature death." - R. Claridge, Esq., in "Hydropathy to the People", 1855.

"Disease, dis-ease,—disturbed quiet, uncomfortableness, —means imperfect or abnormal reaction of the living system, and its more or less permanent results. Food, in its largest sense, is whatever helps to build up the normal structures, or to maintain their natural actions. Medicine, in distinction from food, is every unnatural or noxious agent applied for the relief of disease. Physic means properly the Natural Art, and Physician is only the Greek synonyme of Naturalist. With these few

explanations I proceed to unfold the propositions I have mentioned. Disease and death, if we may judge by the records of creation, are inherently and essentially necessary in the present order of things. A perfect intelligence, trained by a perfect education, could do no more than keep the laws of the physical and spiritual universe. An imperfect intelligence, imperfectly taught, —and this is the condition of our finite humanity,—will certainly fail to keep all these laws perfectly. Disease is one of the penalties of one of the forms of such failure. It is prefigured in the perturbations of the planets, in the disintegration of the elemental masses; it has left its traces in the fossil organisms of extinct creations. (Professor Agassiz has kindly handed me the following note: "There are abnormal structures in animals of all ages anterior to the creation of mankind. Malformed specimens of Crinoids are known from the Triassic and Jurassic deposits. Malformed and diseased bones of tertiary mammalia have been collected in the caverns of Gailenreuth with traces of healing.") But it is especially the prerogative, I had almost said privilege, of educated and domesticated beings, from man down to the potato, serving to teach them, and such as train them, the laws of life, and to get rid of those who will not mind or cannot be kept subject to these laws. Disease, being always an effect, is always in exact proportion to the sum of its causes, as much in the case of Spigelius, who dies of a scratch, as in that of the man who recovers after an iron bar has been shot through his brain. The one prevalent failing of the medical art is to neglect the causes and quarrel with the effect." - Dr Oliver Wendell Holmes, MD in "Medical Essays", 1891.

"Now I will ask the mechanic what sort of medicine should be administered when all authors have agreed the cause of the disease is unknown" - Dr Andrew Taylor Still, MD, DO in "Osteopathy Research and Practice", 1910.

"Inflammatory colon problems such a colitis, ileitis, and diverticulitis affect, by conservative estimates, 2 million people in the United States (1998). Medical professionals admit that although decades of research have been conducted on these diseases, the cures remain elusive." - Dr. Bernard Jensen's, DC in "Guide to Better Bowel Care", 1999.

"Thus we find a period when disease was known to be due to certain conditions of the fluids of the system; another period in which it was the result of certain abnormal conditions of the solids; then another period in which the subject was settled once for all, as disease had been proven by the most careful study to be due to unhealthy conditions of both the fluids and solids. At the present day all past views are in process of becoming displaced and a new set about being developed in which the 'germ hypothesis' the presence of microscopic germs, under the names of bacteria, bacilli, micrococci, microbes, or minute vegetable formations in the fluids, in the solids, or in both, will be sufficient to account for the existence of disease! To show the vacillating character and the uncertainty of the therapeutics and practice of these men who are so fierce in their denunciations of 'irregulars' and who seek for legislative aid to destroy personal right and mental freedom, if we examine their journals, text-books, and other

publications, we will frequently find one or more remedies or modes of practice highly eulogized by the writers thereof, and which remedies or modes of practice will, almost as it were in the same breath, be condemned as useless and of no value by other writers fully as eminent. And yet this uncertain, capricious, imperfect class of medical men would have all schools of medicine and all classes of physicians arbitrarily and unconstitutionally restrained by legislative enactments of tyrannical laws shrewdly gotten up and carefully prepared by themselves for their especial benefit". - Dr John King, MD, Address on Special Medical Legislation, Eclectic Medical Journal, 1884.

"The cause of most disease is in the poisonous drugs physicians superstitiously give in order to effect a cure". - Dr Charles E. Page, MD

"Diagnosis: consists chiefly in giving some symptom a name - usually, as experience has shown, a wrong one." - Dr Ulric Williams, M.B., Ch.B. in "Hospitals and Hooey or Health?" 1941.

There were only 404 kinds of diseases in the time of our ancestors, but today known diseases are listed in their thousands in all sorts of "medical" books.

Most of them are created as modern diseases of human error by "scientists" of Medicine. In this Chapter we where going to publish the list of all so-called diseases.

We started compiling the list with already 4 pages long, when it was decided that a complete list would take up 10 to 12 pages, and it might not even mention all the "Unknown Diseases". Since placing the list brings no profitable information to the reader we decided not to waste 12 pages with same.

Chapter 3

Medicine,its Practice in General

"I was at one time a great lover of the medical profession. I no longer hold that opinion. Doctors have almost unhinged us. I regard the present system as black magic. Hospitals are institutions for propagating sin. Men take less care of their bodies and immorality increases, ignoring the soul, the profession puts men at its mercy and contributes to the diminution of human dignity and self control. I have endeavoured to show that there is no real service of humanity in the profession, and that it is injurious to mankind. I believe that a multiplicity of hospitals is not test of civilization. It is rather a symptom of decay". - Mahatma Ghandi in "The Health Guide"

To the Rising Generation of Medical Practitioners

"Gentlemen, At a time when the Legislature of your country, so far from protecting you in the honourable exercise of the profession of medicine, holds out a bribe to the most unscrupulous of mankind to become your rivals in the practice of it. When the Schools which pretend to expound its principles are little better than collusive combinations of tradesmen, whose only object is your plunder. I cannot refrain from earnestly urging upon you the necessity for circumspection. In the present condition of

society there is not a more thorny path than Medicine.

Every avenue to its emoluments is crowded with competitors, exerting all their energies to outstrip each other in the race; - and you have only to look around you to be satisfied that Success in this is less frequently the reward of patient Merit than of superior dexterity in the arts of intrigue, and the skilful appliance of corrupt and secret means. How long shall the power of Truth succumb to the pedantry and mockery of Profession? How long will too credulous mankind continue to be deluded by Collegiate and Corporation craft?

Arise! Awake from your slumber of confidence and security - examine for yourselves and cease to repose in the nothingness of a reputation, too often obtained by dishonest courses - or in grey hairs, not always redolent of wisdom.

"In a second infancy", to use the words of an eloquent writer, "what hope remains? - reason grows weaker - the passions, the baser passions, the inferior sentiments of the heart - avarice, envy, self-conceit and obstinacy grow stronger, and the habits we then have accompany us to the grave."

To open your eyes to the fallacy and fatality of doctrines proceeding from quarters such as these, I have printed and published. May the pages of Truth and Nature be your only rudder and compass throughout your professional lives!" - Dr Samuel Dickinson, in "Fallacies of the Faculty", 1839.

The Never Ending Difference of Opinions

If we follow the Medical thought process, we will never arrive at any conclusion.

The interpretation of Clinical Test Results

The interpretation of clinical results falls in the capacity of the individual to analyse the same, so because each and

every individual as a different understanding the interpretation of clinical test results will be as diverse has there are Medics attempting to interpret the same.

The Proximate Cause

"This subject of inquiry has, with regard to diseases in general, proved an "Ignis Fatuus" to Medical Theorists; and the remark may be strongly applied to the case of gout. Ingenious speculation has been profusely substituted in place of real evidence; and various opinions built upon hypothesis (that is upon conjecture without proof, or reasonable evidence), have been at different times advanced, with all the pride and confidence of truth." - Scudamore, Charles in "A treatise on the nature and cure of gout: comprehending a general view of a morbid state of the digestive organs: and of regimen, with some observations on rheumatism", 1816.

Ignis Fatuus:

1. A phosphorescent light that hovers over swampy ground at night, possibly caused by spontaneous combustion of gases emitted by rotting organic matter. Also called friar's lantern, jack-o'-lantern, will-o'-the-wisp, wisp.

2. Something that misleads or deludes; an illusion.

Engraving by Josiah Wood Whymper from "Phenomena of Nature" 1849 by Society for Promoting Christian Knowledge.

"In marshy and boggy places, a light is sometimes seen to hover over the ground by night, appearing from a distance like a taper gleaming from some cottage window.
The light is caused by the lighting up of an inflammable gas produced by decaying animal and vegetable matter in bogs, marshes and stagnant pools. It is found that when damp soils are drained, the Will-o'-the-Wisp disappears."

Disease its Nature and Manifestation

"1. From Organic Origin causing toxicity (Toxaemia) in the system, resulting in physical manifestation vulgarly called symptoms.

2. From Non Organic origin:

a. From Mental origin with physical effect and manifestation
b. From Spiritual/Soul origin with physical effect and manifestation" - The Hospitallers Order of the Good News definition of Disease.

The Nonconformist

London 8 September 1847

"Mr. Gibbs went to Graefenberg "with the twofold purpose of testing the efficacy of the treatment in his own case, and of investigating its principles and practice as exemplified in the cases of others."

He resided there two years and eight months, and, from his intimacy with many of the most influential and best informed of the patients, and his friendship with Mr. Priessnitz, possessed good opportunities of acquiring a correct knowledge of the system. These opportunities he has used intelligently and honestly; he can exercise a sound judgment, and dares to express his conclusions. No one can be acquainted with the present state of medical science, with the confessed ignorance of its professors as to many diseases and their proper modes of cure, and with their ignorance of many others, which, though not confessed, is quite as evident from their contradictory and ineffectual methods of procedure, without being convinced that a wide field is yet open for the cultivation of the skilful and humane.

It is not, perhaps, for us to pronounce an opinion on the merits or demerits of Hydropathy; and if we did, we might possibly meet with little attention. But, as public journalists, it may be permitted us to call the attention of our readers to a clear and sensible, and obviously trustworthy, account of the proceedings of its great apostle. Every contribution of facts, stated calmly and faithfully, is of importance. By these the matter must be settled, and these the people will judge of. Professional pretensions are losing their virtue in the present day. Men will think for themselves about their souls,

despite the priests; and they will not resign their bodies to the dogmas of the "faculty."

To those who would be well-informed in the system adopted at Graefenberg we can safely recommend the letters of Mr. Gibbs, he is a warm advocate of it, but his zeal is not without knowledge, nor that best kind in such cases - personal knowledge. On most points interesting to the general reader, and many that are chiefly interesting to the professional reader, something will be found in his pages.

What Mr. Priessnitz is, and what he is not-what he does, and what he leaves undone-his real pretensions and actual achievements-how he has been misrepresented and how he may be defended-may be here learned. Information of all kinds is presented in abundance-scientific, historical, economical, statistical. Testimonies are brought from every quarter-the opinions of the learned-the experience of the most competent patients —the best ascertained facts-the deductions of reason-and, though last not least, the statements of the tailors at Freiwaldau, "who almost invariably find that, in a short time, the patients at Graefenberg increase in muscular development."

The inquirer after health the philanthropist, and the medical practitioner, will do well to read Mr. Gibbs's "Report", for which we thank him and which we beg very sincerely to recommend to perusal." - A review of: Letters from Grafenberg, in the years 1843, 1844, 1845, and 1846; with a Report, and Extracts from the Correspondence, of the Enniscorthy Hydropathic Society. By John Gibbs. London: Charles Gilpin.

Scientific Medicine

"Scientific medicine" itself is largely a product of the last years of the nineteenth century. (Thus it virtually is by definition that "no scientific evidence" existed on any medical subject.) Several health or medical "systems" were available to early nineteenth-century Americans, none of which seems to have won the allegiance of a majority of the population. Botanic medicine was more popular at this time

than at any other in American history. Self-help or do-it-yourself home remedy and recipe books accounted for much of the medical care, just as they do today, with the important difference that non-physician health reformers were then very active in promoting certain philosophies of home health care. The medical practitioners most analagous to twentieth-century physicians were the "regular" or "orthodox" physicians, those actually trained in medical schools (or by private tutors) and granted Doctor of Medicine (MD) degrees. Lacking any standardization of qualifications, even these "credentialled" doctors were a very heterogeneous group, overlapping considerably with the "sectarians."

Despite this diversity, the elite among the regular physicians, often but not always professors at major medical schools, unquestionably constituted the most distinguished and influential sub-group of all.

They were the medical establishment of their day, and from this line of highly educated medical men ultimately emerged modern scientific medicine. Early 19th century medical orthodoxy held that most of what we now know to be different diseases were manifestations of one basic underlying condition—merely different "symptoms," as it were, of a single disease state. This underlying condition, to oversimplify, was an imbalance in the vital nervous energy believed to determine the health of an individual. An excess of this energy could be brought about by over-stimulation from a variety of sources, and this led to something vaguely analagous to what we now call hypertension. Among the common manifestations of this internal tension were "fevers," "inflammations" (especially of the stomach) or simple "dyspepsia." Depletion of the vital nervous energy led, not surprisingly, to debility. The practical implications of this perspective are not hard to guess. Acutely ill individuals, especially if fever or signs of inflammation were present, needed a reduction in stimulation through dietary adjustment and such relaxing or energy dissipating measures as massive blood-letting, purging with large doses of mercury, and blistering—all to relieve excessive internal

pressures. Conversely, those in a debilitated state needed dietary or medicinal stimulation. Challenging this traditional view was a subtly different notion originally advanced by the dean of American physicians, Benjamin Rush. Late in the eighteenth century Rush concluded that over-stimulation was in fact the only significant cause of disease. Debility was merely the final stages of an unanswered, co-existing over-stimulation. Many, but not all of America's leading physicians eventually subscribed to this notion, and accordingly treated all patients with the theoretically "de-stimulating" depleting measures which became the hallmark of the so-called "heroic" orthodox practice. (The physicians termed their measures heroic; critics thought the term applied more appropriately to the patient.)

The implication of both these orthodox perspectives went beyond treatment, for it was reasonably enough assumed that the ill-advised consumption of stimulants by even those in good health could lead to disease. The excessive use of fermented drinks, wrote the distinguished Dr. Samuel Jackson in his popular text, The Principles of Medicine (1832), terminates in inflammations, either acute or chronic, of the stomach, duodenum, and liver, with the cancerous and other degenerations of these organs. Inflammation of the heart and vessels; the enlargement, and other organic derangement of the one; aneurisms, ossification, &c. of the other, are common results of habitual intemperance. In the brain, its consequences are the production of apoplexies, of convulsions, of mental derangement, and every form of nervous disorder." - Lester E. Bush, Jr in "The word of wisdom in the early XIX century perspective", 1981.

Medicine

"Open Sores without External Injuries - Wounds received in war, or in some other way by external injury, bear an honourable character and can be healed as quickly as they came. It is otherwise with those open sores which, continually suppurating and disgusting in smell, invade all

members and parts of the body, and are nothing less than putrifaction going on by inches, whether the wounds are, according to the diagnosis of school medicine, of a cancerous, tuberculous, syphilitic, or other nature. Hitherto they have been incurable as far as Medicine was concerned and will continue so for ever, exactly like mental diseases and other final stages of disease. Even though Medicine may succeed in arresting the process of decomposition of the body in such sores by means of powerful medicaments, or in bringing about another stage by thus forcing back into the body the foreign matter working its way out by fermentation, the condition is only rendered worse thereby, and at the next opportunity the sore breaks out anew in another place. Such sores frequently have not the painful character of other injuries, but everyone knows that their appearance is due to a more deeply seated chronic disease (a heavy encumbrance of the system with foreign matter), which drags on for years until death, or often requires years for a complete cure, if this be possible at all. These sores have become a scourge to man, a scourge and a plain-spoken witness to his systematic opposition to our all-wise mother Nature in his daily actions and mode of life. Now, if we inquire the cause of such sores, the only answer will be, that they arose simply from the encumbrance of the system with foreign matter, but are invariably an advanced stage of earlier and different stages of disease." "The phenomena of the disease vanish in consequence, and Medicine is content to believe that a cure has been effected; but the morbid matter, the true cause of the disease, still remains in the system, only in a yet more chronic, latent condition." "The healing method of Medicine consists, not in removing the cause of disease from the system, for it does not know the true cause of disease, but only in the suppression of the symptoms of disease; that is, in the endeavour to transform every disease into a latent, i. e. hidden, invisible, state, which it then terms a cure, without fear or compunction, lest by this sham cure they are guilty of practising deception not only on the patient, but on their own inviolable science as well." - Louis Kuhne in "The New Science of Healing", 1892.

Chapter 4

Who Speaks for Medicine?

"At a moment when everyone's joining the debate over health-care reform, who speaks for medicine?

By 'medicine' I mean that ancient art and science with origins before Hippocrates, that discipline that has the patient at its center; I'm talking about the 'medicine' that deans across the country will invoke in a few weeks as they exhort first -year medical students to embrace the ideals and values of the noble profession.

Our esteemed medical societies and academies aren't speaking for medicine; they are lobbyists, defending their financial self-interests, lining up for or against the latest bill being proposed. Our great academic institutions and our esteemed medical schools have historically spoken for the cause of medicine, but these days many medical schools are more like big companies with complex financial interests in large hospitals and clinical practices." - Abraham Verghese, M.D

The following are a few observations by the Great Physician Sir William Osler concerning Medicine, what it is and what it is not.

After careful reading one cannot but only arrive to the obvious intelligent conclusion that what ever it is that the so called modern Medical Sect has nothing to do with whom they claim has their Father, we can only conclude with logical evidence that the Modern Medical Sect is bastard, as it is clearly demonstrated in the words of Sir William Osler, that he denies any semblance!

Correspondence with Medical Institutions

To: British Medical Association
23 May 2017

"Could you please let me know what is the official accepted definition by the Medical Association of the following:

1. The official definition of Medicine
2. The official definition of Disease"

From: British Medical Association
23 May 2017

"The **British Medical Association is a Trade Union** for doctors and we are not clinically trained, therefore we are not in a position to give such definition.

You may wish to contact NHS Choices and I have provided their website: www.nhs.uk"

To: General Medical Council
23 May 2017

"Could you please let me know what is the official accepted definition by the General Medical Council of the following:

1. The official definition of Medicine
2. The official definition of Disease"

From: General Medical Council
27 May 2017

Thank you for your email asking for a definition of the words "medicine" and also "disease".

The GMC register medical doctors in the UK that hold an acceptable Primary Medical Qualification in medicine and surgery. We require our doctors to hold a degree in "medicine".

This term is describes the format of "mainstream medicine which uses pharmacologically active agents or physical interventions to treat or suppress symptoms or pathophysiologic processes of diseases or conditions".

This is the term used for the purpose of registration in the UK, but the definition of medicine has many relevant meanings dependent on the context.

For the word disease, I have used the common dictionary definition: "a disorder of structure or function in a human, animal, or plant, especially one that produces specific symptoms or that affects a specific location and is not simply a direct result of physical injury"

To: General Medical Council
05 July 2017

"I am inquiring in regards to a list of any known causes of diseases that are known to the Medical Science.

For example what are the causes of any known condition.

Could you please indicate only those which are known.

In case there are no known causes for any disease could you please indicate such. In other words I am looking for the conditions for where there is a known cause of that named disease. If you need me to rephrase the question I have ample time and good will to do so."

From: General Medical Council
7 July 2017

"Thank you for your emails about specific conditions.

I am afraid I cannot help you, as the matter you raise falls outside our jurisdiction. It might help if I explain that the GMC is the statutory regulatory body for medical doctors in the UK. Our responsibilities include setting standards for

medical education, granting registration with a licence to practise to suitably qualified people, promoting good medical practice, and taking appropriate action where doubts arise about a doctor's fitness to practise. You may wish to contact Public Health England for further assistance.

www.gov.uk/topic/health-protection/infectious-diseases"

To: General Medical Council
10 July 2017

Subject: Who can reply on behalf of the Profession

"I have a few **short & simple questions** could you please indicate (if known) who is in charge or is in the faculty to reply to this following questions:

1 - Who is the father of Medicine and who is the Father of Modern Medicine? Would this be Hippocrates and Sir William Osler, FRS FRCP?

2 - Could you please indicate who can inform on the cause of the following not to complicated conditions: Asthma, Migraines, Epilepsy. In the unlikely event you don't know, could you please indicate who should I write to in the Medical profession that can reply to this.

3 - Does a synthetic pharmaceutical drug cure a disease. If so could you please indicate anyone at least one.

4 - In case you direct me to a Government Agency would that mean that the Government is responsible for the Medical profession?"

From: General Medical Council
11 July 2017

I am afraid I cannot help you, as the matter you raise falls outside our jurisdiction.

You may wish to contact the Medicines & Healthcare products Regulatory Agency (MHRA) for further assistance.

www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency

To: General Medical Council
13 July 2017

"I have read in your website the following:

"About us: We help to protect patients and improve medical education and practice in the UK by setting standards for students and doctors. We support them in achieving and exceeding those standards, and take action when they are not met."

So where are five (5) simple and short questions.

1. What is your "standards" for students and "doctors" concerning: History of Medicine?
2. What is your "standards" for students and "doctors" concerning: Nutrition.
3. What is your "standards" for students and "doctors" concerning: Terapeutics.
4. What is your "standards" for students and "doctors" concerning: Materia Medica.
5. What is your "standards" for students and "doctors" concerning: Body Muscle Skeleton Manipulations."

From: General Medical Council
15 July 2017

"Thank you for your email about standards for students and doctors. We set the educational standards for all UK doctors through undergraduate and postgraduate education and training.

We promote high standards and make sure that medical education and training reflect the needs of patients, medical students and doctors in training, and the healthcare systems across the UK.

We set the standards which training organisations must

meet, and the standards that doctors in training must reach by the end of training. Our role includes approving the curricula for each training programme. We monitor and check to make sure the standards we set are maintained. One way we do this is by conducting a comprehensive survey of all doctors in training each year.

For further information and guidance please follow this link - Education and training. We publish advice to doctors on the standards expected of them. All doctors must be familiar with and follow Good medical practice and the explanatory guidance. You can also use our learning materials which show how the guidance might apply in practice. For further information and guidance please follow this link - Good medical practice. If you would like more specific guidance regarding the specialities you have outlined in your email you may wish contact the relevant Royal College."

To: Academy of Medical Royal Colleges
16 July 2017

"I am looking for the following information:

1. What are the Education Standards for Students and Doctors concerning: History of Medicine?
2. What are the Education Standards for Students and Doctors concerning: Nutrition.
3. What are the Education Standards for Students and Doctors concerning: Terapeutics.
4. What are the education standards for Students and Doctors concerning: Materia Medica.
5. What are the education standards for Students and Doctors concerning: Body Muscle Skeleton Manipulations."

UK Foundation Programme Office

"The Academy of Medical Royal Colleges developed the curriculum for the Foundation Programme which all doctors in training in the UK follow.

We have approved the foundation curriculum. This means that it meets our standards for training and content for the Foundation Programme.

Provisionally registered doctors will be able to show they have met the outcomes needed for full registration by successfully completing the requirements of the curriculum."

To: UK Foundation Programme Office
16 July 2017

"I am looking for the following information:

1. What are the Education Standards for Students and Doctors concerning: History of Medicine ?
2. What are the Education Standards for Students and Doctors concerning: Nutrition.
3. What are the Education Standards for Students and Doctors concerning: Terapeutics.
4. What are the education standards for Students and Doctors concerning: Materia Medica.
5. What are the education standards for Students and Doctors concerning: Body Muscle Skeleton Manipulations."

From: UK Foundation Programme Office
17 July 2017

"Your email has been blocked by our systems. UKFPO can only deal with issues relating to foundation programme recruitment. It has no locus in the questions you have asked.

Regards UKFPO team"

The same questions where sent to many others associations, organizations and institutions such as the so-called American Association of Medicine.

Obviously we never heard from them.

Chapter 5

Medicine Practice

"The Osteopath who succeeds best does so because he looks to Nature for knowledge and obeys her teaching, then he gets good results. He is often amazed to see how faithfully Nature sticks to system. A few years spent in the school of Nature teaches the Osteopath that principles govern the universe, and he must obey all orders, or fail to cure his patients. We say disease when we should say effect; for disease is the effect of a change in the parts of the physical body." - in "Osteopathy Research and Practice", 1910.

"No class of men needs friction so much as physicians; no class gets less. The daily round of a busy practitioner tends to develop an egoism of a most intense kind, to which there is not antidote. The few setbacks are forgotten, the mistakes are often buried, and then years of successful work tend to make a man touchy, dogmatic, intolerant of correction, and abominably self-centered. To this mental attitude the medical society is the best corrective, and a man misses a good part of his education who does not get knocked about a bit by his colleagues in discussions and criticisms." P. 447

"the curious tendency of physicians to become victims of the malady in which they have specialized." P. 479

"In an extemporaneous address the Albany, NY medical student in 1899 he addressed the need of cultivating the head and the heart. "There is a strong feeling abroad among people - you see it in the newspapers - that we doctors are given over nowadays to science; that we care much more for the disease and its scientific aspects than for the individual.

I don't believe it, but at any rate, whether the tendency

exists or not, I would urge upon you in your own practice, to care more particularly ...for the individual patient than for the special features of the disease.... Dealing as we do with poor suffering humanity, we see the man unmasked, exposed to all the frailties and weaknesses, and you have to keep your heart soft and tender lest you have too great a contempt for your fellow creatures. The best way is to keep a looking-glass in your own heart, and the more carefully you scan your own frailties the more tender you are for those of your fellow creatures." P. 489-90

"'On the Educational Value of the Medical Society'. ... hardly anyone keeps up his interest in knowledge throughout a whole life. The troubles of family, the business of making money, the demands of a profession destroy the elasticity of the mind. The waxen tablet of the memory, which was once capable of receiving 'true thoughts and clear impressions', becomes hard and crowded." P. 601

"To accept a great group of maladies against which we have never had and can scarcely ever hope to have curative measures, makes some men as sensitive as though we were ourselves responsible for their existence. These very cases are 'rocks of offense' to many good fellows whose moral decline dates from the rash promise to cure. We work by wit and not by witchcraft, and while these patients have our tenderest care, and we must do what is best for the relief of their sufferings, we should not bring the art of medicine into disrepute by quack-like promises to heal or by wire-drawn attempts at cure in what old Burton calls 'continuate and inexorable maladies. From The Treatment of Disease BMJ, 1909, ii, 185-9... the great struggle with that many headed monster, Polypharmacy - the practice of discharging a heavily- loaded prescription at every malady, or at every symptom of it ....I have often been branded as a therapeutic nihilist... I bore this reproach cheerfully, coming as I knew it did, from men who did not appreciate the difference between the giving of medicine and the treatment of disease." - P. 865

"Angina in Doctors" "A point that stands out prominently in my experience is the frequency of the disease in our profession. For the same reason, doubtless, that Sydenham gives for the incidence of gout, "more wise men than fools are afflicted" angina may almost be called 'morbus medicorum'.... the frequency with which doctors die from the disease has become the subject of common remark.

From John Hunter onwards, a long list of most distinguished men have been its victims. In a group of 20 men, every one of whom I knew personally, the outstanding feature was the incessant treadmill of practice; and yet if hard work - that 'badge of our tribe' - was alone responsible would there not be a great many more cases? Every one of these men had an added factor - worry; in not a single case under 50 years of age was this feature absent, ...Listen to some of the comments I jotted down of the circumstances associated with the attacks:

"A man of great mental and bodily energy... involved in speculations in land', domestic infidelities; ....troubles with the trustees; lawsuits, domestic worries, and the case goes on. At least six or seven men of the sixth decade were carrying loads light enough for the fifth, but too much for a machine with an ever lessening reserve...." - P. 899

"'Specialists and Specialism" [found among his unpublished papers "To two great groups of minds the world has been indebted for its progress - the hypermetropic, the wide-visioned men of the type of Aristotle, Darwin and Spencer; and the myopic - men with concentrated penetrating vision of the type of Pythagoras, Vesalius, Harvey and Pasteur. Who shall say which was the more important? Those who think that at the present day specialism has run riot, are purblind critics and cannot see that we are safe so long as each generation in each department produces a few men with hypermetropia enough to synthesize the work of their colleagues, and so far these have never been wanting..... In the cultivation of a specialty as an art there is a tendency to develop a narrow pedantic spirit.... " - P. 918

"[with regards to the medical clinic and medical school]... it is attractive to think of a group of super-clinicians, not bothered with the cares of a consulting practice, and whose interests are in scientific work. Against [this] may be urged the danger of handing over students who are to be general practitioners [or dermatologists in practice - DJE] to a group of teachers completely out of touch with the conditions under which these young men will have to live.

The clinician should always be on the fighting line, and in close touch with the rank and file, with the men behind the guns, who are doing the real work of the profession..... Would there not be the danger of the evolution...of a set of clinical prigs, the boundary of whose horizon would be the laboratory, and whose only human interest would be research?

.....I know how hard it is 'to serve God and mammon' to try to do one's duty as a teacher and to live up to the responsibility of a large department etc... I had 31 years of uninterrupted hard work. William Pepper, my predecessor in Philadelphia, died of angina at 55; John Muser, my successor, of the same disease at 53!

After listening to my story you may wonder how it was possible to leave a place so gratifying to the ambitions of any clinical teacher: I had a good innings and was glad to get away without a serious breakdown." - P. 1072

"'The history of chemistry, as indeed of all science, is but a succession of epitaphs upon forgotten men and forgotten discovery. What then, do these men not owe to him who gathers up their works, and in so doing recalls their achievements....." P. 1104

"In war the microbe kills more than the bullet. Malaria, cholera, typhus, typhoid, dysentery have been the scourges of armies... What I wish to urge is a true knowledge of your foes, not simply of bullets, but of the much more important enemy, the bacilli. In the wars of the world they have been

as Saul and David - the one slaying thousands, the other tens of thousands.

I can never see a group of recruits... without mentally asking what percentage of these fin fellows will die legitimate and honorable deaths from wounds, and what percentage will perish miserably from neglect of ordinary sanitary precautions." - P. 1113, Harvey Cushing's, in "The Life of Sir William Osler", 1940

Health & Disease

"The various organs, the diseases of which are subdivided for treatment, are not isolated, but complex parts of a complex whole, and every day's experience brings home the truth of the saying, 'when one member suffers, all the members suffer with it'. [Goes for families and communities, too]" P. 361

"Humanity has but three great enemies: fever, famine and war; and of these by far the greatest, by far the most terrible is fever... etc" - P. 435

"No other disease kills from one-fourth to one-third of all persons attacked; and 'so fatal is it, that to die of pneumonia in this country is said to be the natural end of elderly people." - P. 460

"the curious tendency of physicians to become victims of the malady in which they have specialized" - P. 479

"In an extemporaneous address the Albany, NY medical student in 1899 he addressed the need of cultivating the head and the heart. "There is a strong feeling abroad among people - you see it in the newspapers - that we doctors are given over nowadays to science; that we care much more for the disease and its scientific aspects than for the individual.

I don't believe it, but at any rate, whether the tendency exists or not, I would urge upon you in your own practice, to care more particularly ...for the individual patient than for

the special features of the disease.... Dealing as we do with poor suffering humanity, we see the man unmasked, exposed to all the frailties and weaknesses, and you have to keep your heart soft and tender lest you have too great a contempt for your fellow creatures. The best way is to keep a looking-glass in your own heart, and the more carefully you scan your own frailties the more tender you are for those of your fellow creatures."- P. 489-90

"A third noteworthy feature in modern treatment has been a return to psychical methods of cure, in which faith in something is suggested to the patient. After all, faith is the great lever of life. Without it man can do nothing.... Faith in us, faith in our drugs and methods, is the great stock-in-trade of the profession. In the one pan of the balance, put the great pharmacopoeias of the world... in the other put the simple faith which from the days of the Pharaohs until now the children of men have swallowed the mixtures these works describe, and the bulky tomes will kick the beam. It is the aurum potable, the touchstone of success in medicine.

As Galen says confidence and hope do more than physic - 'he cures most in whom most are confident'... We doctors often overlook or are ignorant of our own faith-cures, we are a bit too sensitive about those performed outside our ranks.

We have never had, and cannot expect to have, a monopoly in this panacea, which is open to all, free as the sun, and which may make of everyone in certain cases... 'a good physician out of Nature's grace'.

Faith in god cures one, faith in little pills another, hypnotic suggestion a third, faith in a plain common doctor a fourth. In all ages the prayer of faith has healed the sick, and the mental attitude of the suppliant seems to be of more consequence than the powers to which the prayer is addressed. The cures of the temples of Aesculapius, the miracles of the saints, the remarkable cures of those noble men the Jesuit missionaries,... and the wonder-workings of the Christian Scientists, are often genuine, and must be considered in discussing the foundations of therapeutics. We physician use the same power every day... We enjoy no

monopoly in the faith-business. (can be found in Aequanimitas)" - P. 546

"Credulity in matters relating to disease remains a permanent fact in our history, uninfluenced by education. But let us not be to hard on poor human nature. Even Pericles, most sensible of men, allowed the women to put an amulet around his neck. [and this goes on in tis vein] .....he looked over the large literature on the subject of 'faith healing': In all ages, and in all lands, the prayer of faith, to use the words of St. James, has healed the sick; and we must remember that amid the Aesculapian cult, the most elaborate and beautiful system of faith- healing the world has seen, scientific medicine took its rise. As a profession, consciously or unconsciously, more often the latter, faith has been one of our most valuable assets, and Galen expressed a great truth when he said:

"He cures most successfully in who the people have the most confidence. It is in these cases of neurasthenia and psychasthenia [in these days chronic fatigue syndrome, fibromyalgia, etc] the weak brothers and the weak sisters, that the personal character of the physician comes into play, and once let him gain the confidence of the patient, he can work the same sort of miracles as Our Lady of Lourdes.

Three elements are necessary: First a strong personality in whom the individual has faith - Christ, Budda.... or, what has served the turn of common humanity very well, a physician. Secondly, certain accessories, s shrine, a sanctuary.... or, for us, a hospital or its equivalent with a skillful nurse. Thirdly, suggestion, either of the 'only believe', 'feel it', 'will it', attitude of mind which is the essence of every cult and creed, or the active belief in the assurance of the physician that the precious boon of health is within reach." - P. 867

"Angina in Doctors" "A point that stands out prominently in my experience is the frequency of the disease in our profession. For the same reason, doubtless, that Sydenham gives for the incidence of gout, "more wise men than fools

are afflicted" angina may almost be called 'morbus medicorum'.... the frequency with which doctors die from the disease has become the subject of common remark. From John Hunter onwards, a long list of most distinguished men have been its victims. In a group of 20 men, every one of whom I knew personally, the outstanding feature was the incessant treadmill of practice; and yet if hard work - that 'badge of our tribe' - was alone responsible would there not be a great many more cases? Every one of these men had an added factor - worry; in not a single case under 50 years of age was this feature absent, ...Listen to some of the comments I jotted down of the circumstances associated with the attacks:

"A man of great mental and bodily energy... involved in speculations in land', domestic infidelities; ....troubles with the trustees; lawsuits, domestic worries, and the case goes on. At least six or seven men of the sixth decade were carrying loads light enough for the fifth, but too much for a machine with an ever lessening reserve...." - P. 899

"Of all the blows of circumstance that may help to temper a man;s metal, chronic illness is the most uncertain in its effects.... Now and then men are fortunate enough to overcome the worst foes encountered in the battle of life - chronic ill health and an enforced residence in a paralyzing environment." - P. 911

"The epidemic of influenzal pneumonia will be well remembered [1918], for it was world-wide... and the Regius Professor...became engaged for one of the few occasions in his life in the actual house-to-house practice of medicine. He had his own ways of doing this and with children was a veritable Peter Pan.

[A little child's mother writes:] "He visited our little Janet twice every day from the middle of October until her death a month later, and these visits she looked forward to with a pathetic eagerness and joy. There would be a little tap, low down on the door which would be pushed open and a crouching figure playing goblin would come in..... Instantly,

the sick room was turned into a fairy land, and in fairy language he would talk about the flowers, the birds and the dolls....In the course of this he would manage to find out all he wanted to know about the little patient.

The most exquisite moment came one cold, raw, November morning when the end was near, and he mysteriously brought out from inside his pocket a beautiful red rose wrapped in paper, and told how he had watched this last rose of summer growing in his garden and how the rose called out to him as he passed by, and she wished to go along with him to see his little lassie.

That evening we had a fairy tea party...Sir William talking to the rose, his 'little lassie', and her mother in a most exquisite way; and presently he slipped out of the room just as mysteriously as he entered it, all crouched down on his heels; and the little girl understood that neither fairies nor people could always have the colour of a red rose in their cheeks, or stay as long as they wanted to in one place, but that they nevertheless would be very happy in another home and must not let the people they left behind, particularly their parents, feel badly about it; and the little girl understood and was not unhappy." P. 1306 - Harvey Cushing, in "The Life of Sir William Osler", 1940.

Body Mind Soul

"In that Trinity of being - of body, mind and soul - which so marvelously make up the Man, each one has its own special ills and diseases. With the first of these - the body - have we here anything to do, leaving the second to be attended to by that class of men whose duty it is 'to minister to minds diseased", i.e. Psychologists, while those of the third class beyond the Physician's skill seek aid elsewhere.

To investigate the causes of death, to examine carefully the condition of organs, after such changes have gone on in them as to render existence impossible, and to apply such Knowledge to prevention and treatment of disease, is one of the highest objects of the Physician." - P. 85

"We speak of death as the King of Terrors, yet how rarely does the act of dying appear to be painful, how rarely do we witness AGONY in the last hours. Strict, indeed, is the fell sergeant in his arrest, but few feel the iron grip; the hard process of nature's law is for most of us mercifully effected, and death, like birth, is 'but a sleep and a forgetting'. etc. etc. excellent." - P. 294

"A third noteworthy feature in modern treatment has been a return to psychical methods of cure, in which faith in something is suggested to the patient. After all, faith is the great lever of life. Without it man can do nothing.... Faith in us, faith in our drugs and methods, is the great stock-in-trade of the profession. In the one pan of the balance, put the great pharmacopoeias of the world...in the other put the simple faith which from the days of the Pharaohs until now the children of men have swallowed the mixtures these works describe, and the bulky tomes will kick the beam. It is the aurum potable, the touchstone of success in medicine.

As Galen says confidence and hope do more than physic - 'he cures most in whom most are confident'...

We doctors often overlook or are ignorant of our own faith-cures, we are a bit too sensitive about those performed outside our ranks.

We have never had, and cannot expect to have, a monopoly in this panacea, which is open to all, free as the sun, and which may make of everyone in certain cases...' a good physician out of Nature's grace'. Faith in the gods or in the saints cures one, faith in little pills another, hypnotic suggestion a third, faith in a plain common doctor a fourth.

In all ages the prayer of faith has healed the sick, and the mental attitude of the suppliant seems to be of more consequence than the powers to which the prayer is addressed.

The cures of the temples of Aesculapius, the miracles of the saints, the remarkable cures of those noble men the Jesuit missionaries,... and the wonder-workings of the so-called Christian Scientists, are often genuine, and must be considered in discussing the foundations of therapeutics.

We physician use the same power every day...We enjoy no monopoly in the faith-business." - P. 546 can also be found in "Aequanimitas"

"The BMJ for June 18, 1910 was given over to a series of articles on so-called faith healing.... included was Osler's paper on "The Faith that Heals". [He wrote, "Nothing in life is more wonderful that faith - the one great moving force which we can neither weigh in the balance nor test in the crucible...." - P. 907

"Apart from the more specific methods to be dealt with, faith has always been an essential factor in the practice of medicine..... Literature is full of examples of remarkable cures through the influence of the imagination, which is only an active phase of faith. Phenomenal, even what could be called miraculous cures are not very uncommon.

Like others I have had cases any one of which, under suitable conditions, could have been worthy of a shrine....Faith in St. Johns Hopkins, as we used to call him, an atmosphere of optimism, and cheerful nurses, worked just the same sort of cures as did Aesculapius at Epidaurus. Once again, a great gulf has opened between pastor and flock, and the shepardless sheep at large upon the mountains have been at the mercy of anyone who could pipe new tunes." - P. 908

"We are making this house freehold, and I am arranging to leave it to Christ Church as a permanent home for my successors." [Cushing] Such things must always be when a man is confronted with the extinction of his line." P. 1291 - Harvey Cushing in "The Life of Sir William Osler", 1940.

Chapter 6

Disease as a Crime

"Ninety-five per cent of the deaths of mankind are from preventable diseases." - Marion Sims, MD, the father of modern gynecologyin, in "Autobiography".

"The preservation of health is a duty. Few seem conscious that there is such a thing as physical morality." - Herbert Spencer

"Who appreciates health except those who have lost it?" - Dr Russel Thacker Trall, MD, in "The True Healing Art", 1862.

"If it is generally recognised that by eating proper food and following normal physiological ha bits it is possible to avoid all the ill-health and disease so common among members of a civilised community, and to ensure health, vigour, a resistance to infectious diseases, and a happier life by obeying the laws of nature, it is obvious that those who persist in neglecting them are criminal wrongdoers.

Who has the right to inflict a poor physique, frequent maladies, absences from duty, incapacity to do good work, misery, illnesses, and early demise on relatives and on the

public?

How many people call for the financial support of their relations and of the public for reasons that are entirely due to their gross ignorance and carelessness?

Have these people, because of their ignorance, stupidity, and neglect of their health, any right to bring into the world miserably degenerate specimens of humanity, when it is possible, by care and attention to diet and habits, that they can develop their physique and render themselves vigorous and healthy and fit persons to reproduce their species, and when they have produced them to be able to supply them with the good food that nature only can provide?

The sale of artificially produced infant foods is enormous and increasing.

The innumerable illustrations of the results of such unnatural diet indicate too clearly the rapid and extensive degeneration which the physique of our women is undergoing, together with the necessarily associated low vitality of the male parent." - Dr. William Arbuthnot Lane, MD in "Secrets of Good Health" 1927.

Chapter 7

Understanding the Causes

"The practice of overloading the stomach is another cause of disease, Hot bread or beef-steak suppers in large quantities immediately on going to bed, either of them is sufficient to derange the functions and cause digestion to be interfered with; yet how often do we find children thus indulged cruelly so under the mistaken notion of kindness!
Heavy suppers produce especially in children a train of diseases. Many of these things want correcting in society." - Albert Isaiah Coffin, MD in "Medical botany a course of lectures delivered at Sussex Hall", 1850.

"I do not except the tonsils, teeth or sinuses, on which I have always thought and still think too much stress is laid, although I admit that they are at times important factors in focal infection, which, in turn, is most important in the diagnosis of disease. I have proved to myself at least that practically all upper abdominal surgical ailments are primarily due to infection in the appendix, for example, cholocystitis, duodenal' and

gastric ulcer, multiple abscess of the liver, and a small percentage of chronic pancreatitis. This I have been convinced of by my many operations, or autopsies in vivo. The longer I practice surgery, the stronger I become in this stand." - Dr John Deaver, MD in JAMA, 26 May 1928.

MONEY or Your LIFE

It's bad enough to be held up and robbed of your money and your watch.

But to allow waste matter to be "held up" in your intestines may be far more serious. You can get more money; you can buy another watch. You may never be able to get your health back.

Constipation is the "hold up" man of the human system. The food waste it holds up in your lower intestines decays and generates poisons. A poisoned system is the result.

Over 90% of human illness has its origin in the intestinal canal. Nature normally tries to get rid of this poisonous waste. But when she can't do the work single-handed, you must help her, in her own way. *The Nujol Treatment is nature's way.*

The pills-salts-castor oil-mineral water habits are not nature's way. They play constipation's game — forcing and upsetting the system.

Nujol acts easily, harmlessly, naturally—makes you "regular as clockwork."

An Advertisement for Nujol Laboratories, by Standard Oil Company

Origin of Disease

"No doubt, from the beginning of the world, men of learning and investigation have occupied themselves in studying the nature of disorders, finding out remedies, and prescribing for their fellow-citizens.

Past ages, as well as the present, have produced innumerable volumes on the subject, all furnishing us with new ideas on the theory as well as practice; and which have given way to one another, till one is lost in a chaos and confusion; nothing clear, nothing precise in any of them.

They seem all to have considered the human frame as a piece of patchwork, and treated it accordingly, by looking out for specific remedies for every disorder, or according to the part of the human body afflicted with disease: thus, one kind of drug was to cure the head, others the breast; a great many were thought proper for the stomach, others for the kidneys and bladder, and so on.

Not content with the productions of the vegetable world, they have in many cases called in the assistance of the animal, and ransacked the bowels of the earth for minerals, and with the aid of chemistry adopted poisons and minerals as their most common instruments for curing; thinking, no doubt, as one would imagine, that the world would judge of their proficiency in their art from the number of tools they made use of.

Chemistry may be, and is, a very proper science for the arts; but it is very problematical if it is at all suited to the human body.

Nay, more: they have converted the body of man, as one may say, into a laboratory; and by administering to him a number of their inventions, they would make us believe that they are to bring about a change in our humours, similar to the processes in their shops. Strange infatuation! and how fatal to the human race!

No: the human body is but one entire machine, regulated by the stomach and bowels; and as the whole is nourished by the proper supply of food taken into the stomach, so, likewise, are its diseases to be prevented, and radically

cured, by abstracting from it the obnoxious matter.

We know that the blood which has its origin in all about the heart, pervades the whole system. Whether this is from a direct circulation, like a hydraulic machine, or from some other mode of communication not yet known, we may leave to the ingenious to discover; and when discovered, it is not likely to be of much use to mankind, as it cannot alter the laws of our nature, or furnish us with any new remedy.

On the free circulation of the pure blood (or unobstructed communication, as you please to call it) depend health and sickness, life and death. The new-born child, there can be no doubt, has received the first and fundamental elements of his constitution from his parents. Beneficent nature has, however, placed in the power of man abundant means to obviate and remedy constitutional or hereditary defects, to which all mankind in a degree, some more, some less, are subject.

All disease commences with pain, and all pain is the commencement of a disease, and a state of being contrary to nature, which is wise and beneficent; and teaches us and all animals to avoid and shun pain. If the child cries, it is because he suffers: he already feels the corruption of his nature working within him, and giving him pains in his stomach and bowels.

On his coming into the world, nature has supplied him with the first remedy to cure and carry off his ailings; but we, ignorantly forgetting her lessons, stuff him with food and remedies of a contrary nature.

If he cries, it is said he is weak, has got wind on the stomach, and we do not fail to ply him with cordials, carminatives, &c. &c., according to the fancy of every nurse and visitor: if he cries still more, which he is likely to do, we then apply to him soothing and anodyne drugs, the effects of which are soon visible; and you give him the sleep of death, or he goes off in convulsions and fits.

As he grows up, the same system is persevered in. If you see him pale and weak, recourse must be had to strong meats and wine; we do not think of cleansing his stomach and bowels of the corruption which is the cause of his

suffering. If he is florid and full, and has frequent attacks of cough and colds, we think nothing of it; provided the blood appears in his cheeks, we are satisfied.

But he will begin to smart under head-aches and look dull: he is evidently full of corrupt humours, and mortal fevers; sore throats will be the consequence; and if these are parried for some time by palliative medicines, and various privations as to his diet, it is a great chance if he does not, sooner or later, fall a victim to consumptions, inflammations, dropsy, decay, and a train of other disorders which daily carry off our youth at all ages.

And all this, because the original cause of the disorder has not been removed by effectually cleansing and evacuating.

As said above, all pain is the commencement of disease; and if not early remedied, may grow into the most mortal disorder. Children and young people are seldom troubled with pains in the limbs or extremities, and their sufferings are generally confined to the trunk and head; but as age advances, and from improper treatment, the corrupted humours of the stomach and bowels not having been evacuated, are forced into the blood. In young people this shows itself in chilblains, affections of the glands, tumours, boils, eruptions, measles, and small-pox; and farther on in life they become more painful and serious, ending in gout, consumption, stone, ruptures, inflammation, and dropsy.

According to the predisposition of the body of the individual, the humour settles itself on some of the vital organs, imminently endangering the life of the patient.

The human body is a machine, and a machine too in constant use: we know, in common life, that every thing in use soon becomes dirty and clogged up; no wonder then that our bodies should do the same. The present theory and practice of medicine may be compared to that of a watchmaker, who would be entrusted to put to rights a watch of excellent workmanship, but dirty and clogged up: if this watchmaker, mistaking his business, and instead of cleaning the works, says:

"Oh, I will soon make this watch go; it only requires a stronger spring, and that will force every thing into motion and make it go".

I believe I need not inform my readers, that it would not go long; some part soon breaking, there would be an end of the watch: even so it is with the human body: by the system of our practitioners, of bracing and giving tone, some part breaks or gets clogged up; with this difference, that the watchmaker can give his watch a new wheel, which the doctors cannot do." - Dr James Morison, MD "Some important advice to the world or, The way to prevent and cure the diseases" London 1825.

"The concentration of circulating immune complexes is a dynamic balance between the rate of immune complex formation and the rate of immune complex removal." - Dr Nancy B. Cummings, MD in "Chronic Renal Disease: Causes, Complications, and Treatment", 2012.

Immune Complex Disease

"Immune complexes occur when antibody contacts antigen and the antigen is effectively removed by cells of the immune system. Immune complexes are normally removed by the mononuclear phagocyte system in the liver, spleen, and lungs. However, smaller complexes can circulate for longer periods of time, whereas larger complexes are usually rapidly removed. Immune complex deposition is more probable in sites in which high blood pressure and turbulence are present. Such sites are glomerular capillaries and the lungs, walls of arteries, vessel bifurcation, and choroid plexus of the ciliary body of the eye. Mounting evidence exists that injury to tissue caused by antigen-antibody complexes is more common than initially supposed." - Dr. John Burke Sullivan, MD in "Clinical Environmental Health and Toxic Exposures", 2001.

The Gastrointestinal Tract Plays an Important Role in Regulating Many of the Activities of the Human Organism

"It is easy to understand why the digestive tract should be more or less secondarily affected by disease of other organs. This may be due to direct contact of a neighbouring diseased viscus or to an interference with normal circulatory or nervous mechanisms, or it may be the result of a toxaemia.

There are few diseases that are not accompanied to a greater or less degree by gastro-intestinal manifestations. On this account it is extremely important, whenever gastro-intestinal symptoms arise, to institute a complete general survey of the entire organism to discover every possible etiologic factor.

Herewith are listed some of the affections in which gastro-intestinal symptoms most commonly are prominent.

By no means do they embrace all of the "secondary gastro-intestinal disturbances", but they are among the diseases likely to be responsible:

1. Cardiac disease,
2. Pulmonary tuberculosis,
3. Liver and gall-bladder disease,
4. Intestinal disease,
5. Focal infection,
6. Genito-urinary disease,
7. Diseases of the female pelvic organs,
8. Menopause,
9. Endocrine dysfunction,
10. Syphilis,
11. Hematopoietic and deficiency disturbances,
12. Nervous affections,
13. Skin diseases,

14. Eye diseases,
15. Food allergy.

Clinics on Secondary Gastrointestinal Disorders
Book List of Contents

- The Relationship of Gastro-Intestinal and Cardiac Affections.
- Digestive symptoms occurring in heart disease: Indigestion masking heart disease.
- Cardiac symptoms due to digestive disorders.
- Symptoms produced by combined disease of the heart and the digestive organs: Dyspeptic and cardiac symptoms due to general arteriosclerosis; Abdominal angina; Gastric ulcer, with or without haemorrhage.
- Secondary Gastro-Intestinal Disturbances Occurring in Pulmonary Tuberculosis.
- Initial dyspepsia: Loss of appetite; Nausea and vomiting; Pain and discomfort; Constipation.
- The Dyspepsia Associated with Liver and Gall-Bladder Disease.
- The Interrelationship of Diseases of the Stomach and the Intestines.
- The stomach and the duodenum; The stomach and small intestine; Gastrogenous diarrhea; Acute appendicitis; Chronic appendicitis; Acute and chronic dysentery; Ulcerative colitis; Intestinal tuberculosis; Obstruction of the bowel; Dyspepsia due to constipation; Colonic cancer.
- Focal Infection and Its Relation to the Gastro-Intestinal Tract.
- Clinical Observations on the Relationship of Gastro-Intestinal Disturbances and Diseases of the Genito-Urinary Organs (Especially the Kidneys).
- Digestive symptoms occurring in renal disease; The gastric secretion in renal disease.
- Renal symptoms of gastro-intestinal origin.
- Symptoms produced by combined disease of the kidneys and the digestive organs.
- Observations upon the Reciprocal Relationship between

Gastrointestinal and Female Pelvic Disturbances.

- Gastro-intestinal symptoms due to female pelvic disease: The nervous system; Endocrine dysfunction; Direct contact of the affected generative organs; Infections and metastases.
- Pelvic disturbances secondary to gastro-intestinal disease: Nervous manifestations; Inflammatory lesions; Tumours involving the digestive tract; Gastric-secretory disturbances.
- The Digestive Affections Incident to the Menopause.
- Acute and chronic gastritis.
- Achylia gastrica.
- Peptic ulcer.
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- Pyloric stenosis with gastric dilatation.
- Ptosis.
- Secondary gastric affections.
- Nervous gastric affections.
- Visceral arteriosclerosis.
- Gastro-Intestinal Disturbances Associated with the Endocrinopathies.
- The digestive tract in thyroid disease.
- Gastro-intestinal manifestations incident to hyperthyroidism.
- Gastro-intestinal manifestations incident to hypothyroidism.
- The digestive tract in parathyroid disease.
- The digestive tract in pituitary-gland disease.
- The digestive tract in adrenal disease.
- The digestive tract in diseases of the gonads.
- The digestive tract in diseases of the thymus and pineal glands.
- The Digestive Disturbances Secondary to Syphilitic Infections.
- Disturbances of gastric function due to general syphilitic infection: Gastric manifestations due to early syphilis; The gastric symptoms due to late syphilis.
- Disturbances of gastric function due to syphilitic disease of special organs: Gastric disturbances due to syphilis of the

esophagus; Gastric disturbances due to syphilis of the duodenum; Gastric disturbances due to intestinal syphilis; Gastric disturbances due to syphilis of the liver and spleen; Gastric symptoms due to syphilis of the nervous system (neurosyphilis); Cerebral arteriosclerosis; Cerebrospinal syphilis; Myelitis; Tabes dorsalis; Gastric ulcer and tabetic crises; Gastric neuroses associated with syphilitic infections.

- The Relation of Gastrointestinal Disturbances to Various Forms of Anemia and to Certain Deficiency States.

- Disturbances of the Digestive System Secondary to Nervous Disorders.

- Disturbances of the digestive tract of functional origin — the so-called gastrointestinal neuroses: Classification of functional gastro-intestinal affections; Cardiospasm; Pylorospasm; Nervous vomiting (vomitus nervosus); Eructatio nervosa (aerophagia); Regurgitation; Gas tralgia nervosa; Hyperchlorhydria or hyperacidity; Anorexia nervosa; Achylia gastrica or anacidity; Hypochlor- hydria or subacidity; Intestinal fermentative dyspepsia; Gastro-intestinal neurasthenia (nervous dyspepsia).

- Functional disturbances of the digestive system secondary to certain organic nervous-system diseases: Cerebral arteriosclerosis; Cerebral tumors; - Encephalitis; Bulbar paralysis; Myelitis; Tabes dorsalis; Combined sclerosis of the spinal cord.

- Relationship between Digestive Disturbances and Affections of the Skin.

- Allergic reactions due to food, drugs, and other substances; Toxemias due to affections of the liver and biliary passages; Toxemias resulting from intestinal stasis; Manifestations resulting from pancreatic dysfunction and disturbed sugar metabolism; Metastases and other manifestations due to malignant disease.

- The Relation of Diseases of the Eye to Those of the Digestive Tract.

- Direct extension; Metastatic lesions of the eyes; Neurological symptoms in the eye; Metabolic, nutritional and other constitutional disturbances; Toxic, allergic, and infectious processes; Associated ocular and gastro-intestinal

neuroses; Ocular and gastro-intestinal symptoms from general diseases; Gastro-intestinal symptoms of ocular disease.
- Food Allergy in Its Relation to Gastro-Intestinal Disorders." - Dr Julius Fiedenwald, MD in "Clinics on Secondary Gastrointestinal Disorders; Reciprocal Relationships", 1938.

Leaky-Gut Syndrome

"The concept of the leaky gut was first discovered by researchers who, to their surprise, found that up to 30% of normal humans absorb undigested milk proteins from a single glass of milk. They also found that these symptom-free people developed measurable immune reactions to the milk proteins in the bloodstream. The reaction was called a precipitin, meaning that the milk protein precipitated out of solution via the phenomenon of immune complex formation. These complexes could be deposited into the cerebral vessels, jamming up the circulation to the brain. In a migrainous female, they might end up in the uterus causing referred pain to the head and neck.

The researchers also found that the more milk that was ingested, the greater the amounts of immune complexes which were found in the blood. As can be imagined, this could occur with virtually any food ranging from milk products, grains, eggs, meats, fish and poultry to fruits and vegetables. It has been established throughout this book that incompletely digested food particles as well as certain microbes can bypass or penetrate the intestinal barrier. Even the normal intestine allows the passage of large molecules such as enzymes.

The more diseased the intestines are, the more likely that the passage of harmful compounds will occur. It is helpful to review human anatomy and physiology to understand how this occurs. The intestinal walls and the bloodstream are closely related. They have to be. It is ultimately via the circulatory system that every cell and organ is fed. Blood and lymph deliver nutrients directly to the tissues. The

function of the digestive tract is to break up the food particles into a usable form.

Innumerable arteries supply the digestive organs with oxygen-rich blood, and still more vessels drain wastes away from the gut. The lymphatic vessels, the "other" circulatory system, are also innumerable and are critical for assisting in the absorption of fat-soluble nutrients such as fatty acids, cholesterol and certain vitamins. Thus, the arteries, lymphatic vessels and veins serve to carry away and deliver nutrient-rich blood with its vitamins, minerals, fats and proteins." - Dr Cassim Igram, MD in "Who Needs Headaches?", 1991.

Intestinal Permeability

"Vonelli life was at a standstill, incapacitated by chronic diarrhoea, abdominal pain, constant fever and severe weight loss. Diagnosed with Crohn's disease, he was taking multiple medications, including steroids and antibiotics, his condition hadn't improved. As a last resort, he went to see his 8th Dr Leo Galland, he place Vonelli on a strict diet and weaned him from his drugs, 7 years later Vonelli's life is moving again. Symptom-free, back at work and taking night classes.

His problem was leaky-gut syndrome, a condition researchers say is implicated in dozens of diseases. Leaky-gut syndrome, or increased intestinal permeability, occurs when the wall of the small intestine is damaged. A healthy intestine allows only nutrients to pass into the bloodstream; when it is damaged, larger molecules, such as incompletely digested fats, proteins and starches-slip through, as well. (So do bacteria.)" - Wendy Marston in "Newsweek", 17 Nov. 1997.

On the Natural Faculties

By Galen

"The stomach clears away by vomiting those superfluities which come to the surface of its contents, whilst the

sediment it clears away by diarrhoea. And when the animal becomes sick, this means that the stomach is striving to be evacuated by vomiting.

And the expulsive faculty has in it so violent and forcible an element that in cases of ileus [volvulus], when the lower exit is completely closed, vomiting of faeces occurs; yet such surplus matter could not be emitted from the mouth without having first traversed the whole of the small intestine, the jejunum, the pylorus, the stomach, and the oesophagus.

What is there to wonder at, then, if something should also be transferred from the extreme skin-surface and so reach the intestines and stomach? This also was pointed out to us by Hippocrates, who maintained that not merely pneuma or excess-matter, but actual nutriment is brought down from the outer surface to the original place from which it was taken up.

For the slightest mechanical movements determine this expulsive faculty, which apparently acts through the transverse fibres, and which is very rapidly transmitted from the source of motion to the opposite extremities. It is, therefore, neither unlikely nor impossible that, when the part adjoining the skin becomes suddenly oppressed by an unwonted cold, it should at once be weakened and should find that the liquid previously deposited beside it without discomfort had now become more of a burden than a source of nutrition, and should therefore strive to put it away.

Finally, seeing that the passage outwards was shut off by the condensation [of tissue], it would turn to the remaining exit and would thus forcibly expel all the waste-matter at once into the adjacent part; this would do the same to the part following it; and the process would not cease until the transference finally terminated at the inner of the veins.

Now, movements like these come to an end fairly soon, but those resulting from internal irritants (e.g., in the administration of purgative drugs or in cholera) become much stronger and more lasting; they persist as long as the condition of things about the mouths of the veins continues, that is, so long as these continue to attract what is adjacent.

For this condition causes evacuation of the contiguous

part, and that again of the part next to it, and this never stops until the extreme surface is reached; thus, as each part keeps passing on matter to its neighbour, the original affection very quickly arrives at the extreme termination.

Now this is also the case in ileus; the inflamed intestine is unable to support either the weight or the acridity of the waste substances and so does its best to excrete them, in fact to drive them as far away as possible. And, being prevented from effecting an expulsion downwards when the severest part of the inflammation is there, it expels the matter into the adjoining part of the intestines situated above. Thus the tendency of the eliminative faculty is step by step upwards, until the superfluities reach the mouth.

Now this will be also spoken of at greater length in my treatise on disease. For the present, however, I think I have shown clearly that there is a universal conveyance or transference from one thing into another, and that, as Hippocrates used to say, there exists in everything a consensus in the movement of air and fluids.

> *And I do not think that anyone, however slow his intellect, will now be at a loss to understand any of these points: how, for instance, the stomach or intestines get nourished, or in what manner anything makes its way inwards from the outer surface of the body.*

Seeing that all parts have the faculty of attracting what is suitable or well-disposed and of eliminating what is troublesome or irritating, it is not surprising that opposite movements should occur in them consecutively- as may be clearly seen in the case of the heart, in the various arteries, in the thorax, and lungs. In all these the active movements of the organs and therewith the passive movements of [their contained] matters may be seen taking place almost every second in opposite directions.

Now, you are not astonished when the trachea-artery alternately draws air into the lungs and gives it out, and when the nostrils and the whole mouth act similarly; nor do you think it strange or paradoxical that the air is dismissed

through the very channel by which it was admitted just before. Do you, then, feel a difficulty in the case of the veins which pass down from the liver into the stomach and intestines, and do you think it strange that nutriment should at once be yielded up to the liver and drawn back from it into the stomach by the same veins? You must define what you mean by this expression "at once."

If you mean "at the same time" this is not what we ourselves say; for just as we take in a breath at one moment and give it out again at another, so at one time the liver draws nutriment from the stomach, and at another the stomach from the liver. But if your expression "at once" means that in one and the same animal a single organ subserves the transport of matter in opposite directions, and if it is this which disturbs you, consider inspiration and expiration. For of course these also take place through the same organs, albeit they differ in their manner of movement, and in the way in which the matter is conveyed through them." - in "Galen Works", translated by Arthur John Brock, 1916.

The Cause of Disease

Dr Andrew Taylor Still, MD, DO stated that - Disease is only allowed to exists if there is some obstruction to health such as impaired Circulation of Blood, Lymph, or Nerve Forces. The osteopath need only remove this obstruction, and the body would then naturally heal itself. The artery is the father of the rivers of life, health, and ease, and its muddy or impure water is first in all disease."

Dr. Still taught that when a bone or vertebra is slightly out of position there is also a strain on the surrounding tissues including the ligaments, muscles, blood vessels, nerves, and lymphatic vessels. This strain causes a decrease in the local circulation of fluids and alteration of the nervous impulses. Disease results when tissues and organs: Do not receive sufficient arterial blood supply to provide them with oxygen and nutrients,

Do not have properly balanced nervous supply to regulate and coordinate their function with the rest of the body, and/or, Do not have adequate drainage through the veins and lymphatics to carry away their wastes. "Remove all obstructions, and when it is intelligently done, nature will kindly do the rest" – Dr. A. T. Still, MD, DO

Major Maladies and Their Treatment

"It is no exaggeration whatever to say that chronic constipation is at least a contributory cause in all chronic diseases. At the back of the microbe there is to be sought the cause of the microbe, and this cause, in every case is the state of the soil which permits him to flourish. Such a state of soil is described as a chronic auto-intoxication, which is only another way of saying that the drainage system is defective. And when the drainage system is defective to the point of there being a cesspool under the floor of the gastric dining room, the powers of resistance are so reduced that the microbe comes and takes possession with easy and stupefying assurance.

"There are many diseases about which long articles and even large volumes have been written, which are no more than symptoms of chronic intestinal stasis. The percolations from the cesspool have permeated the soil, and the whole carcass becomes inhabited by the fauna and flora of decomposition and disease." - Dr James Empringham, MD in "Intestinal Gardening for the Prolongation of Youth", 1924.

Cause of Physical Disease

"The most prominent cause of physical disease is a gathering of waste material within the body. This is what is often called Autointoxication. The reason for it is that the wastes are not eliminated as rapidly as they are produced. The accumulation of matter which should be excreted always causes physical trouble. Sometimes it will produce

acute disease; at other times this material slowly gathers and gradually poisons the body until the individual finds himself suffering from chronic disease.

Internal Cleansing

If this process of poisoning or intoxication is allowed to continue it debilitates the individual and shortens life. Most persons try to keep the surface of the body clean. This is right and proper, but it is of no importance whatsoever, as compared to cleanliness within.

There are 4 chief eliminating organs. They remove the waste from the body and thus maintain internal cleanliness. If the general care is correct and the body is kept in normal condition the eliminating organs are able to do their work in such a complete way that the blood and all other parts of the body remain sweet and clean. When this is accomplished the individual remains in health.

The chief eliminating organs are: the Lungs, the Skin, the Kidneys and the Colon.

The kidneys will give themselves automatic attention if the drinking is correct.

It is absolutely essential for those who wish to live in health and to maintain the body in a reasonably youthful condition and to live long, to keep the body clean within. Internal cleanliness fundamentally means a pure blood stream. When the blood is pure the rest of the body is in the same condition." - Dr R. L. Alsaker, MD in "Outwitting Old Age", 1926.

Health and Habit

"If you have health you will probably be happy. And if you have health and happiness you will have the wealth you need, even if not all you want. Health is the man natural thing in the world. It is natural to be healthy because we are a part of nature - we are nature.

Nature is trying hard to keep us well because she needs us in her business. Nature needs man so he will be useful to

other men. The rewards of life are for service. And the penalties of life are for selfishness. Human service is the highest form of self-interest for the person who serves.

We preserve our sanity only as we forget self in service. To centre on self and forget our relationship to society is to summon misery, and misery means disease. Unhappiness is an irritant. It affects the heart-beats or circulation first, then the digestion, and the person is ripe for 219 diseases and 642 complications. Nothing you can take out of a bottle or that you can rub on will remove the cause of misery.

“Medicine is only palliative," says Dr. Weir Mitchell, "for back of disease lies the cause, and this cause no drug can reach." "I’ve got a cold in my head," said the man to the wise doctor. "And the doctor replied, "Doubtless, for that is the place where the microbe hides."

People who dread disease and fear disease have disease. What we call disease are merely symptoms of mental conditions. Our bodies are automatic, and thinking about your digestion does not aid you. Rather it hinders, since the process of thinking, especially anxious thinking, robs the stomach of its blood, and transfers it to the brain. The moral is obvious; "Don’t worry."

"This horse is all right unless he gets scared," said a horseback rider to me the other day. And I answered, "So am I". Those rare times when I make a big impression upon my auditors are when I go upon the stage with a certain amount of indifference, simply taking care not to have overeaten. Then I start in slowly, and soon the thoughts are coming along just as fast as I can use them.

The air is full of reasons, and all I have to do is to reach up and pick the ones I want. In this matter of good health just a few plain rules suffice. The whole matter then becomes automatic and self-lubricating.” - Elbert Hubbard in “Health Notes”, Official Bulletin, State Board of Health, State of Florida”, Vol. X, 1915.

> *“They that are whole have no need of the physician, but they that are sick: I came not to call the righteous, but sinners to repentance.” - Mark 2:17*

Chapter 8

Alzheimer's Dementia and the Reversal of Cognitive Decline

"Alzheimer's disease here's a study from "Cellular Molecular Neurobiology", 2014, Mood Disorders are a moderate to high risk factor or Alzheimers disease 30% to 50% of patients with depression develop mild cognitive impairment and Alzheimer's, that means that every depression is an insult to the brain, and it's activating underlying biological mechanisms, that are in common with Alzheimer's disease." - Dr Robert Hedaya, MD, in "Functional Medicine for Depressive Disorder: Advances in the Treatment Paradigm", 2016.

"Alzheimer's Dementia by the Numbers: "In the absence of effective prevention and treatment, the prospects for the future are of great concern, with 13 million Americans and 160 million globally projected for 2050, leading to potential bankruptcy of the Medicare system. Recent estimates suggest that Alzheimer's Dementia has become the 3rd leading cause of death in the United States."

Just as for other chronic illnesses such as osteoporosis, cancer, and cardiovascular disease, the underlying network features a threshold effect, such that, once enough of the network components have been impacted, the pathogenetic process would be halted or reversed. Alzheimer's Dementia is not a mysterious, untreatable brain disease—it is a reversible, metabolic/toxic, usually systemic illness with a relatively large window for treatment." - Dr. Dale Bredeson, in "Reversal of Cognitive Decline: A Novel Therapeutic Program".

Main Drivers of Alzheimer's

"When the the sugars and the blood build up because they got nowhere to go and so that can happen in the brain as well and that's one of the main drivers of alzheimer's, is when the the brain cells are so resistant to insulin that the cells can't get sugar to go into the cell and to the neuron and the neurons you start atrophied they should start dying to starve because of that problem. The the first step is to activate the body get it moving again but but a an even more critical step is addressing the diet itself because it's the chemicals the plant-based chemicals the phytochemicals in whole plants that actually turn down inflammation." - Dr James Loomis, MD in "iThrive! Rising from the Depths of Diabetes and Obesity" Docuseries November 2017

Parkinson's Begins in the Gastrointestinal Tract

"The earliest evidence that the gut might be involved in Parkinson's emerged more than 200 years ago, in 1817, English surgeon James Parkinson reported that some patients with a condition he termed "shaking palsy" experienced constipation. He described, treating the gastrointestinal complaints appeared to alleviate the movement-related problems associated with the disease. The evidence suggests that the earliest stages of Parkinson's disease may occur in the gastrointestinal tract. Some studies, suggest that molecules such as bacterial breakdown products stimulate activity along the vagus nerve, or that the gut influences the brain through other mechanisms, such as inflammation.

Michael Schlossmacher says: "Even if the pathology [of Parkinson's] is very much driven by brain abnormalities, it doesn't mean that the process starts in the brain" - Diana Kwon in "Does Parkinson's Begin in the Gut?", Scientific American, 8 May 2018.

The Influence of the Brain–Gut axis in Inflammatory Bowel Disease

"Brain–Gut interactions, affect psychological wellbeing and symptom reporting in functional Gastrointestinal Disorders; the presence of Anxiety, or Depression is associated with the development of new-onset Gastrointestinal Symptoms, and the presence of Gastrointestinal Symptoms is associated with the development of Psychological Disorders de novo.

In Inflammatory Bowel Diseases (IBD), the reporting of Irritable Bowel Syndrome (IBS)-type symptoms by patients with quiescent disease is common, and is associated with psychological disorders, impaired quality of life.

In IBD, data from observational studies suggest that psychological disorders might be associated with relapse of disease activity, and that inflammatory activity is associated with the development of new psychological disorders, as has been described for functional Gastrointestinal Disorders such as IBS and functional Dyspepsia.

The brain–gut axis provides the physiological link between the Central Nervous System and Gastrointestinal Tract that might facilitate these relationships. Observational data suggest that the effect of disordered Brain–Gut axis activity in IBD is substantial." - David J. Gracie, PhD, P. John Hamlin, PhD, Prof. Alexander C. Ford, MD, in "The Lancet", 20 May 2019.

Chapter 9

Sinusitis

Focal Infections from the Accessory Sinuses

"Just as with many other innovations in the domains of medicine, the contention put forth that the sinuses might be the source of affections in remote organs and portions of the body was met with scepticism and indifference. Repeated experience and reiterations have gradually forced this home until now it is a recognized and accepted fact, just as remote conditions following infections of the teeth, tonsils, gall bladder or appendix.

That sinus disease as a causative factor for infections elsewhere in the body (exclusive of neighbouring parts) remained so long unrecognized, was undoubtedly due to the fact that only exceptionally were the two conditions present at the same time, or, if so, one so over-shadowed the other as to cause it to be overlooked. After some time the stomach contents are microscopically examined and found to contain myriads of bacteria. To make a long story short the symptoms only clear up and remain so after a sphenoid or ethmoid has been opened and drained. What then are the remote conditions that can take their origin from a diseased focus? For purposes of better understanding and clarity let us place these under the following headings:

Circulatory

Disturbances of the circulation dependent upon the toxin emanating from a sinus are usually only seen by the rhinologist during the acute stage and then given but passing thought, as they are considered but a part of the general symptom complex. However, it must be borne in

mind that a very serious cardiac involvement can ensue should the infecting focus be permitted to remain. Cardiac disease has been reported by several observers, but of course this means little in the absence of stating the precise affection. Mitral stenosis has been reported and endocarditis seems to be not at all an uncommon complication when the cardiovascular system becomes involved.

Eliminative

That the kidney may become affected from a sinusitis has long been recognized, albuminuria being not infrequently an early symptom. Indeed the presence of albumin in the urine may confuse both the rhinologist and internist, as the cause of the sinus headache has often been blamed on the kidney disturbance, when, as a matter of fact, the albuminuria was but symptomatic or dependent upon the sinusitis. I think perhaps also the opposite should be mentioned as I recall distinctly one case with severe unilateral supraorbital headaches which was only cured after the kidney affection (which in this instance was a chronic Bright's disease) was properly treated.

Conclusion

These, then, are the conditions as recorded in the literature taking their origin from a diseased sinus and are true affections of remote portions of the body. When a distinct "itis" such as gastritis, nephritis, and the like is present, it represents the final stage of the results of the ravages accruing from the original focus of infection, and the damage is already done.

It is like a hose that has been left running lying on the lawn—in the morning one finds a deep rut cut in the sod; by turning off the water while the origin has been removed, the rut still remains.

Now, then, there must be a time when the secondary affection has its inception; the prodromes, as it were of this sequela, before permanent pathological changes have taken

place in the organ or part secondarily affected, and so there is, and this is the very time when remedial agents must be applied (eradication of the original focus or foci), otherwise irreparable damage will insidiously creep in, making it of course impossible ever to bring the patient to his original condition of health. What then are the danger signals that the system has begun to be slowly undermined by the poison emanating from the original focus?

These are so many and so varied that it is not possible to enumerate them in their order of importance so that they will be considered of equal significance." - Dr Ross Hall Skillern, MD in "Journal of Indiana State Medical Association", Vol.18, 1925

Chapter 10

Cause of Paralysis

In "Secrets of Good Health" by Sir William Arbuthnot Lane, Bart., C.B., Consulting Surgeon to Guy's Hospital, and to the Hospital for Sick Children, Great Ormond Street; President of the New Health Society, London 1927.

"White flour is produced by removal of the germ of the wheat grain and of its branny coverings. In this germ and bran are contained the special vitamin substance on which the health and vitality of the nervous system are largely dependent. If this substance is absent from the daily food to a serious extent paralysis and death will ensue. A less marked deficiency causes serious disorder of the bowel and leads through constipation to bowel disease and grave impairment of the general health. Removal of the bran deprives the body of valuable mineral salts and the bowel of its natural stimulation to efficient action.

Bread containing the bran of the wheat encourages proper mastication, and so promotes a healthy condition of the teeth and gums and a full development of the jaw bones by providing them with proper exercise."

"This is a collection of common sense articles on how to avoid sickness and disease. Thus the tenets of health preached in the book are applicable to everybody, and their dissemination far and wide is to the lasting benefit of the entire community." - International Journal of Medicine and Surgery, Vol. 41-42 1928.

Beriberi, Pellagra, and Nerve Disorders

"A study of infantile from the examination and treatment

of over 500 patients has been made by Albert (Philippine J. Sci. 45:297, June 1931). In the Philippines the disease has not been recognized long, but in Manila during the last 15 years, a fall in the death-rate has occurred. Commonly, it is confined to breast-fed infants whose mothers are free of the disease, and is readily cured by supplementary feedings of an extract of tiki-tiki (rice polishings)." - Dr Francis Lowell Burnett MD, "The Progress of Nutrition" in "New England Journal of Medicine, 8 December 1932.

The Irritability of the Nervous System

"The irritability of the nervous system has its reaction upon internal as well as external events, and nervous dyspepsia, palpitation, spastic constipation, and asthma may all add their burden of distress, to which may be added the symptoms so often present of enlarged pupil, twitching of muscles, salivation, buzzing in the ears, neuralgia, etc. Finally by no means the least important aspect of chronic streptococcal toxaemia is the effect of the poison upon the mental processes. Any toxic condition must eventually if sufficiently prolonged affect the brain cells in the manner in which all the body cells are affected. Generally speaking the more highly developed the cell, the more readily does it suffer from chemical changes due to the toxins present in the circulating blood, and, by way of compensation, the more rapidly does it return to a normal condition when the blood is healthy. This, as has been mentioned, is particularly so with regard to the brain cells in the case of volatile poisons such as alcohol and the volatile anaesthetics, on account of the high lipoid content of the cells. The toxins produced by chronic infective processes are, fortunately perhaps, comparatively stable, and therefore do not have a markedly selective action upon the nerve and brain cells. Nevertheless, the progressive accumulation of such a toxin in the system eventually produces unmistakable changes in the mental processes, which can best be described as morbid in both the general and special sense of the word. There are many

circumstances which occur from time to time to produce a temporary state of cerebral toxaemia, particularly those accompanying certain infective diseases such, for instance, as typhoid fever, influenza, Jaundice, etc." - Dr James Dury Hindley-Smith, MA, MRCS, LRCP in "Chronic Streptococcal Toxaemia and Rheumatism", 1935.

> *"We often meet with the opinion that these diseases cannot be cured. I declare here, most emphatically by my experience, which includes the most desperate and most protracted cases in tins line, that I never saw an incurable case, and that if once a cure has been established, no more symptoms of Neuralgia or Neurasthenic sufferings will occur. The first grave cases of this kind left my treatment years ago." - Dr. Hans Froelich, MD in "Medical Mirror", January 1984.*

Chapter 11

Causes of Mental Disease

"It is a well known and well established fact that Mental Conditions are directly influenced by the state of the Gastrointestinal Tract. So if your gastrointestinal tract is inflamed the last think you want to do is to further sabotage it or disturb it with synthetic pharmaceutics." - Rui Gabirro

"Dyspepsia, with its many phases, is produced in great part by the misuses and abuses of the stomach and digestive system, by errors in the selection of food or mistakes in the quantity that is consumed, or by the neglect of other essential conditions of nutrition. Some of the diseases of the locomotive apparatus arise from violations of the conditions of their being and of the law appointed for their action, weakness or disease, are manifested in the digestive organs. The stomach and the other parts of the nutritive apparatus are ordained to convert enough food into chyle to replenish the blood, and to supply it with the means of repairing the waste of the textures. When this organ is in good health, when the food is of a proper kind, and taken in due quantities and at suitable seasons, and all the other circumstances and conditions are properly attended to, the work of digestion goes on easily and satisfactorily, and the wants of the blood are supplied. From errors in the use of both the physical and the intellectual powers there proceed all grades of disorder, from the slightest languor or irregularity to positive and severe exhaustion and disease. All the organs and their functions are subject to these gradations of disturbance, and none more than the digestive and the nervous systems. A man may indulge his appetite with food of such kinds, or in such quantities, as require but a little more than his usual and average digestive power to convert it into chyle. He may re peat this through months, perhaps through years, before the over-draft upon his

gastric force produces a sensible weakness or pain, and even then the cause of the digestive trouble, the waste of power, and the accumulated disorder are overlooked; for it is not easy to understand or believe, that an article of diet or gastronomic indulgence, which had been so long not only harmless, but, on the contrary, comfortable, should at length become injurious. Ever-watchful Nature, although generous in her provisions for and bountiful in her gifts to her children, is yet inflexibly just and rigorous in her dealings with them. She requires of every one the complete fulfilment of the conditions of life. She gives to each his due and sure reward for every instance of faithfulness, and exacts from each the penalty corresponding to every disobedience, in the use of all the organs, and all the powers, whether of body or of mind, that are bestowed upon man. All the consequences of neglects and violations of the law are gathered, in every instance, and charged to the vital capital; and their sum, in every succeeding period, may be found, according to its extent, in mental or physical disorder, in reduction of strength, in the vitiated constitution." - Report of the Trustees of the Massachusetts General Hospital for the Year 1858, in "The North American Review", Vol.89, N.185 October 1859.

Mental Influence

"A healthful state of the mind and feelings is as important as of the body, for the feelings constitute, through life, an ever-acting source of bodily health or disease; and upon their proper regulation, most of the happiness and value of life depend. It is fully established by practical fact, that each and all the passions and emotions of the mind, when once too strongly excited, are but the more easily excited again and again, and for a longer time, by the repetition of the same cause. By repeated and continued excitement, any one of them may be made to become the predominant habit of the mind. This important truth, a knowledge of which is so essential, especially to mothers, or those having the care of young children, seems to belittle known, and little cared for,

in the raising of their children. In many instances it is a common impression, that when a child has been frightened, or otherwise alarmed by any noise, or by the sight of any object, repetition or exposure to the same influence will have a tendency to remove the pain from its mind; and for this reason children." - John Gunn, MD in "Gunn's new Family Physician", 1868.

Auto-Intoxication as an Etiological Factor in Many Forms of so-called Mental Disease

"It is the purpose of this paper to call the attention to the importance of auto-intoxication as an etiological factor in many forms of so-called mental disease. The results of my experience lead me to believe that this is a factor on which too little stress has been laid, and if such a thing can be proven, its value both as concerns treatment and prognosis cannot be too strongly emphasized. The theory of auto-intoxication is not new, and while it has been suggested by many, very little attempt has been made to give it careful study, and if this paper does no more than to stimulate investigation along these lines. The basis of the paper consists of the study of my own cases and the stated opinions of men from different parts of the country whose experience renders their statements worthy of consideration. If it can be shown that auto-intoxication is a definite factor in the causation of mental diseases, its importance in planning the course of treatment and in making the prognosis can only be fully appreciated by those constantly in touch with such cases. It will certainly mean that many of the cases which are now sent to the insane hospitals will be received at the general hospitals for observation and treatment, not as insane people, but as cases of auto-intoxication which require active treatment, such as is almost impossible to give on a large scale in any of our state institutions today. **Also in private practice, many patients now treated as cases of purely mental disease will be treated for auto-intoxication. It is undoubtedly true that some forms of insanity affect**

the digestive functions and general metabolism, and undoubtedly it is equally true that the primary disturbance of metabolism is at times the cause of mental alienation. This is seen in some of the infectious diseases, as typhoid fever, or with the glandular diseases, such as thyroidal and adrenal diseases (and according to Dr Andriezen, acromegalia). It seems probable and quite in keeping with the general trend of medicine today, as well as only a step beyond the conditions already recognized, that many of the mental disorders now not generally associated with infection will be shown to be due to such a cause. Spitzka in America, Clouston and Kraeplin in Europe, **have failed to discover any change in the brain in cases of melancholia, acute mania, and some of the other forms of mental disease. If this is true, why continue to class these diseases only under the head of "Diseases of the Brain" and waste our time trying to prove that the brain is diseased, when in other toxic cases, Malaria, Influenza, Typhoid, Pneumonia, Rheumatoid Arthritis, etc., we consider such symptoms due to perverted metabolism, or the work of bacteria, and successfully treat them on these lines. There is a suggestion in several of the books of early writers on medicine that auto-intoxication was considered one of the causes of certain mental diseases, and, although they did not use the word "auto-intoxication," they evidently had this cause in mind, and considered it of great importance.** Culpepper prior to 1654 says:

> *"There is in Galen (A.D. 201) and almost all authors, a three-fold epilepsy. The first is that which hurts the brain, in which the disease is; the second is that which hurts the brain by consent from the stomach; the third is when the disease is sent from other parts of the body to the head." "But it is remarkable and well known that an epilepsy comes for the most part from the guts the matter that breeds worms, from the matrix and other parts." Of mania he says: " Wherefore it is probable that some certain poison bred in the body may be the chief cause of madness. The matter producing this disease*

is contained in the veins and arteries, either of the whole body or those nearest the brain, or in the vessels of the brain."

Burton in his "Anatomy of Melancholy," 1638, says:

"Of retention and evacuation, of meat and drink there be divers kinds, which are either concomitant, assisting or sole causes many times of melancholy. Galen reduceth defect and abundance to this head; others all that is separated or remains."

The authors of today almost invariably in writing of mental and nervous diseases refer in a few lines to auto-intoxication as one of the causes of certain forms of insanity, which should be arrested as soon as possible, but I fail to find one writer in any book or work who devotes even one chapter to auto-intoxication, or the results of auto-intoxication as a disease of which the mental condition is only the result rather than the cause itself. Defendorf in his excellent translation of Kraepelin says:

"If the researches of Kranisky, Cabbito, and Ayostini can be substantiated, it would seem probable that genuine epilepsy is due to a toxic condition arising from faulty metabolism, and that the immediate cause of the appearance of convulsions is the accumulation of deleterious substances in the blood."

Of dementia precox he says:

"In consideration of the close relationship with the age of puberty, the presence of disturbances of menstruation, and the frequent appearance of the disease for the first time during pregnancy and puerperism, further assumption is made that it is the result of auto-intoxication. Defective heredity, as well as imprisonment and acute diseases, is presumed to act by lessening the power of resistance to auto-intoxication."

According to Bouchard, "Arthritism is made up of a host of manifestations that all appertain to an arthritico-nervous cycle, in which we find, side by side, migraine, epilepsy, gout, hysteria, rheumatism, diabetes, etc., and is especially characterized by a tendency to congestion, by reason of which, or on account of some yet unknown cause, the general nutrition is profoundly altered. Arthritic subjects are often dyspeptic, some having dilatation of the stomach, others intestinal indigestion. This is a source of toxic action, by way of auto-intoxication." He also says that "neurasthenia is one of the most frequent of the neuroses related to arthritism, and that arthritism maybe the originating cause of hysteria (Bouchard, Charcot), epilepsy (B. Tessier), angina pectoris (Landouzy), and paralysis agitans (Pierret, Vansella). Therefore, if autointoxication is one of the underlying causes of arthritism, it is one of the originating causes of neurasthenia and the diseases just mentioned."

Dr. Keene in quoting Bouchard says:

> *"Auto-intoxication in mental diseases was one of the chief topics for discussion at the annual congress of French alienists held at La Rochelle, in August, 1894. At that time Dr. E. Regis and Dr A. Chevalier-Lavaure made a most masterly report. They distinguished three orders of clinical facts, and considered separately the mental disorders that develop as a result of:*
>
> *1. Acute Infectious Diseases*
> *2. Visceral Disturbances*
> *3. Diathetic Maladies."*

We all know that typhoid and eruptive fevers, "grip," erysipelas, puerperal fevers, etc., are oftentimes followed by the most marked insanities. Whence comes this if not from toxins peculiar to the disease?

How much more rational this than the theory of nervous shock whose influence must be transitory? The delirium of fever is surely the result of deficient excretion; once make this free and delirium ceases, temperature falls.

Drs. Regis and Chevalier-Lavaure ask in this connection if Infectious Disorders are not sometimes the cause of general paralysis. Dr. Aldu Blumer of the Utica State Hospital, New York, answers:

> *"For my own part, I believe this opinion is not susceptible of any very great generalization, but that it nevertheless is based upon actual facts."*

With regard to Visceral Disturbances causing insanity, he says:

> *"Visceral disorders also often produce insanity. This is well known, and the earlier writers localized insanity in the liver and the bile."*

The 3rd group of Regis and Lavaure is autointoxication from Diathetic Maladies. With regard to this Blumer says, editorially:

> *"A powerful argument in favour of the origin of insanity by auto-intoxication is deduced from the fact that anti-infectious, antiseptic treatment, either general or local, has often given excellent results. If this theory is true then the treatment of insanity must be revolutionized, and the infection, the auto-intoxicant, must be combated and eliminated if we wish to eliminate the disease. How we can best do this is a problem yet to be solved."*

Gray states that intestinal derangements often cause melancholia, and the most frequent of these intestinal lesions is a functional derangement of the duodenal region of the small intestine. Of epilepsy he says it is a fact of

practical importance, and one that seems to be almost universally overlooked, that profound malnutrition may be a cause of epilepsy. At a meeting of the Medical Society of London recently an interesting discussion on epilepsy was held and Russell stated that the theory of auto-intoxication as a cause of epilepsy had the most supporters.

Krainski, in his study of epilepsy, says that on the days it attacks, or just preceding them, the output of urea is greatly diminished. In this condition of disturbed metabolism, the system is supposed to form ammonium carbonate instead of urea. This compound gives off ammonia which Krainski believes causes the fits. Again, Mott, Halliburton and Donath believe that the alkaloid cholin found in the cerebrospinal fluid in many cases of epilepsy, locomotor ataxia, paretic dementia, brain syphilis and brain tumor is the cause of disease in many people that are afflicted with these troubles. By injecting cholin into the cerebro-cortex of animals Donath has produced localized and general convulsions in them. By the injection of a salt solution no such convulsions have been produced. If these observations are carried on still further with the same results epilepsy will be classed among the auto-intoxications.

Chase in his book on general paresis says:

> *"There is a tendency to believe the theory first set forth by Angiolla that general paresis is a toxic affection produced by auto-infection either directly or indirectly through an interference with nutrition. According to those observers the baneful influence of alcoholic abuse and licentiousness as well as mental overstrain is to be sought also in these nutritional defects that contaminate the blood with poisonous products which induce the degenerative changes in the nervous tissues."*

Pershing says:

> *"Analogy leads us to believe that such terrible emotional*

disorders as melancholia, mania, acute delirium and transitory frenzy are forms of intoxication, and if the cause of any emotional disturbance is obscure, we should always carefully consider the possibility of its being a poison of some kind."

Brown Sequard showed that the section of certain cutaneous nerves, thereby cutting off the corticle influence on the hair bulbs, will cause the hair to become white on these spots and, shows the mental effect where those centres are disturbed.

Peterson in his 3rd edition says:

"We do not yet know how frequently auto-intoxication from absorption of intestinal poisons determines insanity, but the facts thus far collected point to the origin of a considerable number of cases from this cause. These cases are usually of depressed type, but sometimes maniacal." "Researches in physiological chemistry of digestion, as well as observations in many pathological conditions, have substantiated that auto-intoxication from the absorption of poisonous substances generated in the alimentary canal by putrefactive and fermentative process is not only a real thing, but a frequent factor in the etiology of a number of nervous disorders, such as headache, neurasthenia, hysteria, neuralgia, and even graver maladies like epilepsy, melancholia and mania. It behooves us, therefore, in these diseases, to investigate carefully for evidence of any such cause. Periodical or constant attacks of gaseous diarrhea are somewhat indicative of this condition. Frequently, the condition of the bowels furnishes no information of the actual state of affairs. Recent researches tend to show that an excess of ethereal sulphates in the urine (indican) in connection with other symptoms is a good index of auto-intoxication."

Clark, in his "Mental Diseases," says that in melancholia there is defective nutrition throughout the body as is evident in non-assimilation and mal-assimilation of food. Among other recent writers who mention autointoxication as a cause of mental disease, or refer to it in some way, is Regis, who states that among the several cases of melancholia, autointoxication, especially a gastro-intestinal one, is much more frequent than is commonly supposed. It may commence with gastro-intestinal disorders or be consecutive to a more or less ancient dyspepsia.

Dr. Allan McLane Hamilton in a paper on this subject states that a study of the cases that1 formed the basis of observation by him for a year unquestionably bear out the assumption that disturbances of the gastro-intestinal tract, more often than is generally supposed, are attended by bacterial necrosis and the introduction into the general circulation of certain very virulent toxic agents whose effects are expended mainly upon the nervous system. He says:

> *"I think I am safe in saying that nearly all the rapidly developing confusional insanities have this explanation, and we must, therefore, be on the alert for such a cause, even when the case has commonplace features. No other alternative has presented itself so strongly to my mind as that of intestinal putrefaction, and in all the patients whose urine was examined a decided increase in the amount of indican was found even when the diet was carefully regulated. From the data obtained from all available sources, my own cases and others, it would appear not only that the ratio of the sulphates between themselves and to the urea, and the presence of indican in considerable amount, are indications of intestinal putrefaction, which, no doubt, influence the course of various insanities, but that a large increase of the combined sulphates has much to do with the genesis of various psychoses."*

His conclusions are:

1. Urines rich in indican contain very little or no preformed sulphuric acid, and are toxic.
2. When the sulphate ratio is materially changed, it is likely to indicate autotoxis in connection with an increase in the amount of combined or ethereal sulphates.
3. Such conditions are generally found with acute insanities, in which rapidly developing symptoms occur.
4. Fugacious and changing illusions and hallucinations, unsystematized delusions, confusion and verbigeration in connection with insomnia, pallor, intestinal indigestion, constipation and rapid exhaustion are due to autotoxis.
5. Paranoiac states, or those in which concepts are the features, chronic stuporous conditions, and certain forms of dementia have little to do with the formation of intestinal products of putrefaction.
6. Various post-febrile, traumatic, alcoholic or drug insanities are those in which autotoxis is most constant.
7. The variation in the excretion of combined sulphates keeps pace with the changes in the progress of an established insanity, acces and epileptoid attacks being directly connected with putrefactive processes.

The president of the Medical Society of London pointed out in 1896, that there was a well-known type of hypochondriacal melancholia associated with catarrh of the transverse colon in which mental characteristics were out of proportion with the lesions, cases in which there was no family history, and the symptoms readily yielded to a visit to Carlsbad or Marienbad. He said he had often thought that the symptoms in those cases might be due to excessive production of ptomaines in the intestines.

Brunton suggests that the lassitude and drowsiness which are so apt to follow a full meal may depend upon the absorption of an excess of the normal digestive products, and so be a mild manifestation of auto-intoxication. Most of the severe constitutional disturbances associated with gastric disorders in childhood are believed by Heubner to be

due to auto-intoxication. Of the chronic intoxications of gastric origin those associated with dilatation of the stomach deserve special mention. In this condition there exists every favourable condition for the formation of fermentative and putrefactive products and for their absorption. These intoxications accompanying gastric dilatation are especially characterized by the periodicity of the appearance of the symptom. Among other chronic intoxications may be mentioned migraine, certain other periodic headaches and neuralgias, and possibly, too, the gastric crises of tabes dorsalis.

Dr. Page, the Superintendent of the Danvers Insane Hospital, believes that many of his cases commence with the condition of auto-intoxication; that possibly many cases of dementia precox (schizophrenia) start this way, and that he hoped something would eventually be done to prevent the progress of these cases.

Dr. Bigelow T. Sanborn, Superintendent of the Maine Insane Hospital, Augusta, says that he is quite sure auto-intoxication becomes a contributing cause of insanity; that he has recently had one case about which he is decidedly of that opinion, and estimates that in at least 5% of the admissions to the Maine State Hospital, there is evidence that auto-intoxication has played an important part in incipient stages of the disease.

Dr. R. M. Elliott, Superintendent of the Willard State Hospital, of New York, says:

> *"Judging from our experience auto-intoxication plays a part as an exciting factor in a considerable number of cases of insanity."*

Dr. E. C. Dent, Superintendent of the Manhattan State Hospital, West, Ward's Island, New York City, says:

"There is no question in my mind that a number of psychoses have as their basis auto-intoxication. It is quite probable that in course of time dementia paralytica, dementia precox and the insanities occurring in epilepsy will be traced to auto-intoxication. We have for some time been making careful studies in this direction, but as yet I feel that the results we have obtained have not been sufficiently established to justify me in bringing the matter before the profession. It is conceded that the most prominent physical symptoms we find in insanity is that of disturbance of nutrition, due to derangement of the gastro-intestinal tract."

Dr. H. E. Ellison, Superintendent of the Matteawan State Hospital of New York, says:

"Many manifestations of mental disease depend upon auto-infection, not only from the intestinal tract, but upon disorders of other excretory channels. Derangement of the digestive organs and consequent evils, are, in our opinion, responsible for many conditions of ill health and for various forms of insanity. For 4 or 5 years medical literature was filled with discussion upon this topic. Personally we have felt that it is responsible for many maniacal outbreaks, for many states of mental depression, and have always directed our attention in a therapeutic way to such conditions, often with satisfactory results. In melancholy if the patient can be made to think that he has some tangible foe to combat he will feel much relieved in mind; that his liver, his digestion, his intestinal functions are at fault, as they usually are, and that his mind is depressed by an impoverished circulation due to toxic agencies in his blood, he will feel that he has something to hope for in the way of eventual relief."

The derivation of the word "melancholia" throws some light upon its most common etiology; the two Greek words "melas" meaning black, and "chole" meaning bile, while not accepted in their original application and significance in the

sense of meaning that melancholia is actually due to bile in the blood, yet disturbances of the digestive regions, the intestinal canal and the liver have a most important relation to the production of the disease.

Dr. H. L. Palmer, Superintendent of the Utica State Hospital, New York, says:

> *"I think in most cases an hereditary tendency or a neurotic disposition will be found to exist in conjunction with the auto-intoxication. It is my practice to look thoroughly to the alimentary canal and relieve any and all irregularities so far as possible. There is no doubt a disturbed metabolism in many forms of mental ailment, particularly the various forms of the depressive psychoses."*

C. Spencer Kinney, MD, of the Middletown State Homoeopathic Hospital, New York, in the State Hospital's Bulletin, Vol. II, says:

> *"Many cases of melancholia have auto-intoxication as a prominent feature."*

The Fourteenth Annual Report of the New York State Commission, ending 30 Sept., 1902, gives diseases of the digestive system and blood and circulation as the cause of 514 out of a total of 1,808 deaths which they had in all of their insane hospitals.

Dr. Edward N. Brush, Superintendent of the Sheppard and Enoch Pratt Hospital, Maryland, says:

> *"Students of psychiatry have recognized for a long time that what is commonly called autointoxication probably enters largely into the causation of a large number of cases of insanity, but we know too little of auto-intoxication to be able to determine exactly what the form of poison is to be able to classify our cases in such a way as to definitely state which are clearly cases depending upon auto-intoxication as*

the exciting cause and which are not, although in the majority of instances a careful examination of the case and a thorough knowledge of the previous history of the case will throw much light upon the subject. Not only is auto-intoxication looked upon as a causative factor in many cases of insanity (and by auto-intoxication, I suppose you mean the poisoning resulting from the defective elimination from the body of certain products of digestion or from formation of a poison in the digestive tract or in certain of the glandular elements of the body having to do with the tissue metabolism), but there are many forms of insanity that are clearly recognized as toxic in their origin, eliminating from this category cases which are plainly toxic originating from alcohol, minerals like lead, and certain drugs. I have for a number of years now in lecturing to students pointed out the resemblance between toxic and auto-toxic insanity in their clinical manifestations and that a large number, certainly in their early stages, closely resemble the deliria observed in pueumonia and typhoid fever, for example."

Dr. Geo. O. Welch, Medical Superintendent of the Fergus Falls State Hospital, Minnesota, says:

"Speaking in general terms the larger number of our cases are suffering from auto-intoxication on admission to the hospital. But it certainly has considerable effect in prolonging the unbalanced mental condition and making it more severe; for in most of the cases restoring the physiological functions to healthy action, especially paying attention to the digestive tract, so that the food is properly assimilated, will produce a marked change for the better in the patient's mental conditions."

Dr. H. A. Tomlinson, Superintendent of St. Peter's State Hospital of Minnesota, says:

"Practically every patient received in this hospital is suffering to some extent from the ill effects of auto-intoxication."

Dr. W. B. Fletcher, an alienist of Indianapolis, Ind., says:

"It is my opinion that by far the larger number of cases of epilepsy and insanity are due to auto-toxic conditions; mal-assimilation most common, hepatic and renal follow in order. Hepatic toxins most frequently manifest in melancholia; renal in acute mania of confusional insanity, so called, with delirium. As to classification, I am inclined to the oldest, that of Hippocrates, if I use any, viz., melancholia and mania, and could, like Cullen, if desired, form a hundred sub-classes, and endless varieties. In some cases of melancholia I have seen almost every form of insanity protrayed in its various stages, and what seems a case of acute mania to-day may be profound melancholia to-morrow. Several persons under the influence of the same poison will not have similar psychical reactions; auto-toxic effects are as different in their manifestations as there are differences in the amount of grey matter and the structure and number of convolutions, which differ in all persons as much as do their facial expression. The terminal arteries in some cerebral ganglia and convolutions are abundant in one person, in another with the same weight of brain there are but few, therefore, more or less toxins are received, and different phenomena result from the same remote cause."

Dr. S. E. Smith, Superintendent Eastern Indiana Hospital for Insane, says:

"Cases of autointoxication due to the absorption of the products of intestinal sepsis, and the like we classify under the true insanities."

Dr. Max E. Witte of the Clarinda State Hospital of Iowa says:

"I will say that I have been convinced by careful study of many cases of insanity that the first beginning of many forms of acute affective disorders, such as melancholia and mania, often, if not altogether, have their primary inception not in the brain, but elsewhere, usually in the organs of the abdominal cavity. I have been led to this belief through the study of the emotions associated with the functions, either healthy or disturbed, of the vital organs of digestion, nutrition and elimination, including the hemapoietic structures, such as the spleen and lymphatic glands. I am satisfied researches through the laboratory will be rewarded by important discoveries in the future. A routine examination of the cases coming in for many years have, on the whole, revealed a deterioration of the blood, more especially a diminution in the formal elements of the blood, particularly in the red corpuscles, also a corresponding lowering in the percentage of hemoglobin. These uniform findings certainly argue disordered and diminished metabolism, but of course, I have not the exact data to determine definitely whether this diminution should be looked upon in the light of result or of cause; possibly both, since it seems to be a segment of a vicious circle. As to auto-intoxication, it is a matter of everyday experience and observation that insane patients coming here, whether the disease has existed a long or short time, are usually obstinately constipated, and one of the first indications in treatment is a measure adapted for the evacuation and regulation of the intestinal tract. So far as we can usually learn from inquiry of the more intelligent patients or from their friends, thus condition has existed during the duration of the disease and often prior to it. Now and then we have met with cases of marked and grave dementia associated with a myxedematous condition of the skin, who responded promptly to and recovered under the administration of thyroid extract. We have had no cretinism so far in this part of the country."

Dr. J. W. Wherry of the Clarinda State Hospital, Iowa, in a paper written for the Alienist and Neurologist of May, 1904, advocates limiting the term insanity to delusional cases and gives as a part of his classification:

Insanity	**Toxic :**	Infection Psychoses Intoxication Psychoses
	Auto-toxic :	Mania Melancholia Manic-Depressive Paranoia Exhaustion Psychoses

All of these he classifies as results of defect of the mind rather than of defect of the brain. In the 3rd Biennial Report of the Board of Control of State Institutions of the State of Iowa, Chapter 6, on Insanity, I find the following:

> *"It is rarely that we find a case of insanity in which there is not associated, and very frequently causing the disorder, a derangement of digestion, nutrition, or elimination. The first urgent need to be met by treatment is the restoration to normal activity of some vital organ or organs. In other words, a great majority of patients coming under care require treatment for diseases other than insanity, and happily, in many, with recovery from bodily disease, restoration to mental integrity takes place."*

Dr. James L. Green, Superintendent of the Nebraska State Hospital for the Insane, says:

> *"In my judgment, the majority of cases of the depressed types of insanity admitted to the hospital are due to some form of auto-intoxication, as, indeed, are many of the cases of acute maniacal excitement. Especially am I convinced that all of the cases of acute delirious mania, sometimes called Bell's mania, are of this origin."*

Dr. T. J. Mitchell, Superintendent of the State Insane Hospital of Mississippi, says that for 2 years he has been impressed by the fact that quite a number of diseases are due to auto-intoxication, both mental and heart failure, and that recently he has been paying special attention to the bowels of his patients as being the medium through which is the chief source of auto-intoxication.

Dr. M. L. Graves of the Southwestern Insane Asylum, Texas, says he regards auto-intoxication an exciting cause in the development of mental disturbances, especially melancholia; 33% of his deaths in 1902 were caused by diseases of the stomach, lungs, bowels and kidneys.

Dr. F. Forschheimer of Cincinnati, Ohio, is a firm believer in the important role played by auto-intoxication. He says:

> *"We all recognize the psychoses of Graves disease, and again the psychoses characterized by depression which are absolutely relieved in a large number of cases by the treatment of intestinal auto-intoxication. Another class that has been relieved on the principle of auto-intoxication are some of the menopause psychoses. The criterion we have for judging of the existence of auto-intoxication is the therapeutic result."*

Follin and Shaffer, in their reprint on Phosphate Metabolism, state as a result of their work in the Chemical Laboratory at the McLean Hospital on a case of Manic Depressive Insanity, the following:

> *"The existence of an unmistakeable periodicity in the elimination of phosphoric acid through the kidneys corresponding to the periodicity in the mental condition of the patient is, we think, proved by our analysis and experiments."*

Heinicke in his psychiatric practice was impressed with the frequency of phosphaturia and carbonaturia in his patients. He has found manifest or latent ammonuria or phosphaturia in every patient exhibiting a psychosis. He further noted that the urine returned to normal as the mental affection progressed toward recovery. The phosphaturia generally accompanied the height of affection. It is possible that the subsidence of the ammonuria or phosphaturia may be an aid in prognosis, and their absence may also serve to reveal simulation.

Dr. Arthur W. Hurd, Medical Superintendent of the Buffalo State Hospital, Buffalo, N.Y., says, in a paper which he wrote in 1897:

> *"It is not in old chronic patients with fixed delusions and with an apparently healthy digestive apparatus that acute intestinal intoxication is to be expected, but rather in acute cases with changing delusions, muttering incoherence, restlessness, constipation, elevated temperature, offensive breath, and dry, hot or clammy skin. It is conceded by many and an increasing number of students, that intestinal putrefaction is evidenced by the presence of indican in the faeces or by the conjugate sulphates and indican in the urine. In suspected cases the examination of the dejecta should be made in the laboratory as corroborative proof, though their absence would hardly justify the observer in withholding the measures necessary for relieving the condition referred to."*

Dr. Van Gieson, in discussing Dr. Hurd's paper, says:

> *"After all, this theory is not entirely new, but is simply an extension of the old humeral theory of disease which, in its relation to the induction of mental disease, was expressed so well 100 years ago by Benjamin Rush, who declared in substance that madness arose because the brain shared with other organs in the body the damage inflicted by gout, dropsy, rheumatism, eclampsia of pregnancy, the fevers and the like.*

Excluding cases of insanity of psychic origin, we must conclude that a good share of mental disorders is to be ascribed to a toxic agency, particularly those belonging to the most subtle class of poisons, the autogenous category. Any thorough comprehension of the toxic basis of mental and nervous disease beyond speculative hypothesis has been rendered possible only within very recent times. The precise knowledge of the structure of the nervous system attained by the application of the Golgi methods (silver staining technique that is used to visualize nervous tissue under light microscopy), the clear insight into the action of the bacterial poisons upon the tissues given by experimental pathology, and, above all, the progress of modern cytology and the application of its methods in pathological research, have at last removed the barriers to comprehensive investigation of mental and nervous diseases. Much time has been wasted and much confusion has arisen in the investigation of neural disease by studying the nervous system as something apart from the rest of the body, and often enough it has been made, to appear that the nervous system had a radically peculiar structure of its own, and a sui generis set of pathological changes different or distinct from lesions elsewhere in the body."

A prominent dentist of Boston says:

"I think auto-intoxication in the alimentary canal plays an important part in the infection of the mouth. It has seemed to me, in my examinations of the saliva and of urine in cases of interstitial gingivitis, that I have found the most important indication for treatment to be the thorough cleansing of the alimentary canal. One patient may show uric acid diathesis and another only poor nutrition, but in most cases there is a failure on the part of the patient in his daily life to have the alimentary canal thoroughly clean, and as a result he becomes auto-intoxicated."

Spitzka says:

> *"There is no clinical difference between the condition of many dyspeptics, who never become maniacal, and some maniacs in the prodromal stage of their disorder."*

Such are the statements of men who from their positions and experience are justified in having definite opinions upon such matters. My own experience leads me to an even stronger feeling in regard to the place of the auto-intoxications in the etiology of mental disorders, and it is hoped that, with the work which is being carried on, more conclusive proof in support of these opinions can be presented in the near future." - Dr L. Vernon Briggs, MD, Physician to the Mental Department Boston Dispensary, in "The Boston Medical and Surgical Journal", 5 January 1905.

The Relation of Oral Infection to Mental Diseases

"It is with a certain amount of hesitation that one proclaims an apparently new fact in medicine, especially when such a fact seems to be entirely fanciful to the majority of professional men, both physicians and dentists, who naturally are highly skeptical regarding new methods and new findings. I think that we, of the medical fraternity, have been equally at fault, in failing to correlate dental and medical problems. That a very close relationship exists between infected teeth and systemic diseases is a fact that has only recently been recognized. Barker, of Johns Hopkins University, has reported cases of pernicious anaemia which cleared up after extraction of infected teeth.

Secondary Foci of Infection

That infected teeth alone could cause very serious systemic diseases was demonstrated by Hastings in 1914; by

Billings and his co-workers in 1916 . Their work called the attention of the medical and dental professions to the importance of the teeth as a source of infection. Rosenow likewise has shown that these organisms tend to migrate to other organs and there set up secondary foci. How the organisms reach distant organs is not plain; probably, in a large majority of cases, through the lymphatic system and seldom through the blood stream, although occasionally the latter system is involved. In culturing the blood, in a large number of living patients and also at autopsy, we have seldom isolated these bacteria. Hence, from our experience, we are inclined to think that the main channel of migration is through the lymphatics. There can also be direct transmission of the bacteria, through swallowing, to the gastro-intestinal tract; but even here we are inclined to the opinion that the infection travels by way of the lymphatics for reasons I shall explain later.

In about 25% of our cases the teeth alone seem to be the source of infection and, with the removal of this source, our patients rapidly recover. In speaking of mental cases we mean the so-called functional group for which no definite etiology had previously been found. Gibson, formerly of the Boston Psychopathic Hospital, has recently reported a series of cases of this kind. These types comprise the majority of our admissions. One group, the manic depressive, tends spontaneously toward recovery in the majority of cases but shows a tendency to recurrence.

The other types belong to the dementia precox group, and show a tendency to chronicity and dementia. These we have previously not been able to benefit. It is to this latter group that we feel the importance of our work applies, for we can undoubtedly restore them if they are treated early in the course of the disease. As already stated, in about 25% of our cases in this group, the teeth alone are the etiological factor; in another group, about 25%, both the teeth and tonsils are at fault, and have to be eliminated if we wish to restore the patients. In a third group, about 50%, the gastro-intestinal tract is also involved, with either the teeth or the tonsils, or both; and we did not get any results in this class until we

were able to determine the types of infection and establish means for their elimination. One might with reason ask: "Why bring in gastro-intestinal infection in discussing teeth, a purely dental problem?" The explanation lies in the fact that the infected teeth, or the bacteria concerned in this infection, have a direct and very important relation to the pernicious activity of the colon bacillus. This organism occurs normally in the lower intestinal tract. Outside of its normal habitat it is extremely toxic; it loses its benign character and becomes pathological.

To the question: "What causes the benign colon bacillus to become virulent and migrate to other organs", we frankly answer, we do not know. We do know, however, that, in the stomach, duodenum and kidneys, it is usually associated with Streptococcus viridans; and it would be well within the range of probabilities that this latter organism, by its toxic influence, stimulates the colon bacillus to virulency. Or, it may be, that streptococcus in the mucosa of the intestinal tract provides an outlet for the colon bacillus, by so damaging the mucosa that the latter organism passes through it into the lymphatic circulation and by this means of egress proceeds to distant organs. We know that when the colon bacillus is migratory it also is virulent and toxic. I lost several cases, from general colon-bacillus toxemia, before this fact was recognized and its influence overcome by autogenous vaccines, in accord with Satterlee's views. Consequently, while apparently we can see no relation between infected teeth and intestinal infections of a chronic type, clinically there is a very dose relation. It is well for the dental profession to recognize all the consequences and results of chronic root infection and to end, once and for all, this far-reaching and dangerous type.

I feel that I do not overstate the facts when I say that insanity can be prevented or cured by a conscientious practice of the principles discussed in this paper; and that, in the same way, many other diseases which, in most cases have a fatal termination, can also be prevented or cured if the process has not gone too far.

General Considerations on Nervous and Mental Diseases

If we can substantiate our contention that a certain percentage of nervous and mental diseases are results of toxemia from chronic focal infections, the sources of which may be multiple and therefore difficult to locate, then the logical method of curing these diseases would be to eliminate such foci of infection wherever found. This may sound easy; but, from three years' experience with these problems, I can state that not only is the difficulty of locating foci of infection a tremendous one but the problem of eliminating them when found is almost stupendous. It takes patience and ability to stick to the work of elimination, which is hard for one who has not had the experience to realize. It should not be difficult for the alienist to accept the principles discussed in this paper since, for years, we have recognized the fact that infections and toxemia cause mental disease, and have thus diagnosed a small group of such cases as "toxic-infectious psychoses."

We were not the first to show that by eliminating infected teeth mental diseases could be cured. In 1908, Henry S. Upson, MD, published his work on the relation of infected teeth to certain nervous and mental conditions. He reported cases of the so-called functional psychoses as both dementia precox and manic depressive insanity, which recovered when impacted and unerupted molars were extracted, and root infections were eliminated.

We who have been dealing with the insane, or as we prefer to say, those suffering from mental diseases, have for years isolated ourselves from general medicine and have considered the patient wholly from the standpoint of the mental picture. While we have made advances in the care of these patients, our recovery rate has not changed, except for the worse, in the last 50 years. In spite of the fact that many patients showed evidence of profound physical disturbances on admission to the hospital, this fact was ignored; and we neglected even to ascertain what physical condition the patient was suffering from.

I plead guilty to this charge and will state only one extenuating fact: we treated these patients on admission as sick and kept them in bed until they had gained physically. This treatment may account for the fact that our recovery rate has been between 30% and 40% annually, based upon the admissions, while the average in the majority of state hospitals has been about 15%. We have made the mistake of considering the mental disease as the principal factor to be studied, but have learned that the mental symptoms are merely incidents in the general infection and toxemia. Some cases, with severe infection, do not present any mental or nervous symptoms. Other cases, with a mild infection, may show very slight physical disturbances; but the nervous system may be affected to a profound degree and may never return to normal.

We do know that "Streptococcus viridans" consists of and embraces more than one race of bacteria, with various characteristics and perhaps certain selective properties as claimed by Rosenow, which can account for the causation of articular rheumatism in one individual, neuritis in another, or toxic myocarditis in a third. One strain may be more toxic than another and therefore affect the nervous system. We have only been able to find in one case the organism in the brain itself, hence we assume that the toxemia is the causative factor in mental disease. Again, we must take into consideration the constitutional reaction of patients to these poisons (as we do in the case of alcoholics); also the susceptibility and lack of resistance of individuals to certain infections. These two factors, the type and characteristics of the organism plus the individual's reaction, may determine the pathological process and its variation in different persons.

Examination of the teeth

When the teeth are badly decayed or the gums are unhealthy, purple, swollen, we extract all capped and pivot teeth, and remove all fixed bridge work. These experiences make us suspicious of all crown and bridge work in our

patients mouths. I wish to correct an erroneous idea regarding the effects of extracting many teeth upon a patient's nutrition. In my experience, all patients from whom the infected teeth were extracted immediately began to gain weight, and it is not unusual for them soon to gain 20 or 30 pounds, even when all the teeth have been extracted and no artificial teeth have been supplied.

Infected tonsils

In about 25% of our cases the tonsils as well as the teeth -are infected.

Gastro-intestinal tract

In about 50% of the cases there is involvement of the stomach, duodenum or lower intestinal tract, with either the teeth or the tonsils, or both. There may be very severe symptoms, producing discomfort to the patient; but in many instances these symptoms are due to the general toxemia from infection of the teeth or the tonsils, and not to an infection of these organs.

In such cases the removal of the infection in the teeth and tonsils will clear up the symptoms; but we make a routine examination of the gastro-intestinal tract in all patients and, when infection is present, it is treated by means of autogenous vaccines, made from the bacteria found there. Streptococcus viridans is the principal infecting organism. In a small number of cases, we find a virulent colon bacillus. Both are concerned in the toxemia. For the past 2 years we have been convinced that some of our more severe cases had profound gastro-intestinal infection.

Draper has called attention to the importance of the duodenum as a source of absorption of toxic products and our experience corroborates his contention.

Draper's work represents years of hard labor and painstaking experimentation, and has furnished us not only with valuable data regarding the relation of the duodenum to toxic absorption, but also with facts concerning the whole

gastro-intestinal tract.

Draper has thrown light upon the problem as no other man has been able to do. His knowledge of intestinal pathology will be of utmost value in further determining the relation of infections of the lower intestinal tract to the whole subject of focal, or chronic, infections. Satterlee, another colleague of Draper's and Lynch's, has shown, in many publications, the importance of the toxemia resulting from the virulent colon bacillus and also the means of combating this infection." - Henry A. Cotton, MD in "The Relation of Oral Infection to Mental Diseases", Journal of Dental Research, Vol. 1, 3, 1919.

> *"In discussing this question, we are referring to the so-called functional types, usually grouped under manic depressive insanity, dementia praecox (schizophrenia) and the paranoid states, in which no acceptable etiology has been found. If we are to consider definite disease entities, and place these groups in distinct classes, it will be difficult to understand the significance of their common aetiology, namely, chronic infections and the resulting toxemias. As a direct result of our work we must either change our diagnosis, in the cases which recover from dementia praecox, to manic-depressive insanity or admit that dementia praecox is not the incurable malady we have believed it to be." - Dr Henry A. Cotton, MD in "The Relation of Oral Infection to Mental Diseases", Journal of Dental Research, 1919.*

Psychological Disorders

"Anxiety and Depressive Disorders are associated with both Irritable Bowel Syndrome (IBS) and Ulcerative Colitis (UC). The non-specific association between these psychological and gastrointestinal disorders could suggest that chronic gastrointestinal illness might affect psychosocial behaviour." - Eric Shah, A. Rezaie, Mark Riddle, Mark Pimentel in "Psychological Disorders in Gastrointestinal Disease: Epiphenomenon, Cause or Consequence", Annals

of Gastroenterology, No. 27, 2014.

The Aetiological Factors in the Psychoses

"From a study of the cases reported here, which are only several among many similar types observed in the last three years, we are convinced that chronic or focal infections, with the resulting toxaemia, play a very important role in the aetiology of the psychoses." - Dr Henry Andrew Cotton, MD, Medical Director of the New Jersey State Hospital; Lecturer in Psychopathology, Princeton University in "New York Medical Journal", 8 and 15 March, 1919.

Delirium

"Is in itself divisible into active (wild or maniacal), passive (low, muttering). Furthermore, a delirium may be wholly nocturnal and in all acute diseases tends to assume that form or merge gradually into it during convalescence. Delirium tremens and the fully developed cases of typhoid fever illustrate respectively the active and passive type. Delirium aside from brain lesions indicates chiefly toxaemia or extreme exhaustion, but may be seen in hysteria and occasionally in epilepsy." - Dr Charles Greene, MD in "Medical Diagnosis; a Manual for Students and Practitioners", 1907.

Bidirectional link Between the Brain, Gut and Microbiome

"The growing amount of evidence substantiating this link indicates it will be a valuable area for future. This review demonstrates the importance of a healthy microbiome, particularly the gut microbiota, for patients suffering from anxiety and depression, as dysbiosis and inflammation in the Central Nervous System (CNS) have been linked as

potential causes of mental illness. Of note, studies have shown that probiotics effectively mitigated anxiety and depressive symptoms." - Megan Clapp, Nadia Aurora, Lindsey Herrera, Manisha Bhatia, Emily Wilen, Sarah Wakefield in "Gut microbiota's effect on Mental Health: The Gut-Brain Axis", Clinics and Practice, Vol. 7:987, 2017.

The Role of Auto-Intoxication in Mental Disorders

"I greatly appreciate the honour which the Society has done me in asking me to read a paper by way of introducing a general discussion on the treatment of mental disorders. My remarks will deal with the relationship of physical disorder to mental symptoms. The main point to which I will more particularly draw your attention is to the need for a closer study of the extent to which mental symptoms are the result of some auto-intoxication or infection from one or other of the free mucous surfaces of the body, the gastro-intestinal tract being, in virtue of its size and function, the most important channel.

The literature of the subject contains many references of a general kind to what is called the toxic factor in the aetiology of insanity. In this connection it is right to refer to the valuable and suggestive work carried out by Lewis Bruce many years ago, the probable significance and value of which has, been largely lost sight of. There is little new in the conception of the aetiology and treatment of mental disorders, which I am going to present for your consideration.

Prof. Robertson has lately drawn my attention to the interesting fact that the leading alienists in France more than 100 years ago entertained the view that the primary cause of mental disorders was to be found in visceral changes. Pinal in his classical text-book on mental disorders in 1809 wrote as follows:

"It seems that the primitive seat of insanity generally is in the

region of the stomach and intestines, and it is from that centre that the disorder of intelligence propagates itself as by a species of irradiation."

Again, in the standard work of Broussais published in 1822 we find the following:

"That most ordinarily, except the traumatic cases the morbid irritation is communicated to the brain by the mucous membrane of the digestive system."

And in a later paragraph he reiterates the view in the following:

"I insisted particularly on this point; that the gastric stimulations often maintain the cerebrals, and consequently the mania."

I have largely restricted my survey of the literature to the study of the transactions of the Journal of Mental Science—the official organ of this Association—for the past 20 years, as the papers published in that period, with the excellent summaries of the literature provided, adequately reveal the general outlook and the practice of alienists in regard to the relationship of physical disorders to mental disease.

In 1903 the late George R. Wilson, Physician Superintendent, Mavisbank, and the writer published a paper on "Some Visceral Lesions in Acute Insanity," in which an attempt was made to correlate the physical and mental changes. This paper gives a fairly full clinical and pathological record of the cases on lines not previously followed, attention being directed to several sources of latent chronic infection, and their influence on irritation of the brain and the incidence of mental symptoms. The first patient was a young woman of 25, suffering from mania, following erysipelas, following malnutrition, the illness being fatal in a few months. The summary of the post-mortem appearances was given as follows:

> *"Dilatation of stomach and duodenum, enlargement and caseation of mesenteric glands, chronic gastro-intestinal catarrh, localised pulmonary areas of pneumococcal infection with fibroid changes around, sclerosis of the bony system with profound alterations in the bone-marrow, enlargement of the thyroid gland, brain cortex congested, and chromatolysis in the nerve-cells."*

The second case, a woman age 39, a case of acute mania following many previous attacks with rapid progress to a fatal issue, the summary of the pathological changes in this case being as follows:

> *"Dilatation of stomach with pronounced atrophy of its coats, chronic intestinal catarrh, marked deposit of pigment in spleen and liver, slight interstitial changes in the kidneys, chronic disease of the bladder, sclerosis of the bony system with profound alterations in the bone-marrow, brain cortex congested, and chromatolysis in the nerve-cells."*

This paper included a fairly full description, with numerous photographs of the microscopic appearances of the stomach, small and large intestine, bladder and other viscera. It was pointed out that the main changes observed were:

> *"Manifestly those of chronic irritation, which we may presume to be synonymous with chronic bacterial infection."*

There are, many general references showing a trend of opinion pointing to the probable importance of the toxic origin of mental disease.

In "Notes of Three Cases of Insanity, Toxic in Origin," by Eric M. Thomson, in 1903, attention is drawn to the importance of the toxic element. The essential facts of this interesting paper are embodied in the following:

"Collectively, these cases are interesting because of their toxic origin, and as illustrating the occurrence of physical symptoms prior to mental symptoms."

In a paper on the "Prodromata of the Psychoses and Their Meaning," by T. S. Clouston, in 1904, the importance of nutritive and digestive disturbances is emphasised in the following terms:

"Nutritive and digestive troubles often precede the mental symptoms for a long time. Indigestion, dyspepsia in every form, attacks of vomiting, anorexia, falling off in weight and muscular flabbiness are all common, especially before attacks of melancholia. Constipation and altered bowel contents in directions pointing to imperfect digestion, primary and secondary, are present in over 50%, of the cases as prodromata of various forms of insanity. A melancholia of the digestive tract in the shape of obstinate constipation and distressed feelings in the epigastric region precedes and accompanies half the cases of melancholia. I believe many attacks of insanity are warded off by this means and by appropriate dieting just as attacks of epilepsy are often so prevented. The acuter insanities and general paralysis are specially apt to be preceded by marked intestinal or gastric catarrh."

In a clinical note on "General Antisepsis in the Treatment of Neuro-psychosis," published in the Journal of 1905, an account by Edward Blake is given of a (a) "Case of Stuporose Insanity stereotyped by Staphylotoxin," and (b) "Case of Epileptic Erotomania stereotyped by Staphylotoxin." The successful results that appeared to follow the author's treatment justified his conclusion that:

"It is imperative that we should close up all the lateral avenues which might conceivably lead to self-infection; more

especially by way of the cutaneous tract, by the alimentary canal, and by the genito-urinary apparatus. The fact cannot be too strongly emphasised that when toxins do not actually cause any given morbid state, they may often serve to stereotype it."

In the same number of the Journal there appears a paper on "Mental Depression and Melancholia considered in regard to Auto-intoxication," with special reference to the presence of indoxyl in the urine and its clinical significance —essay for which was awarded the Bronze Medal of the Medico-Psychological Association, 1904—by Arthur A. D. Townsend. In this paper there appears the following:

"For a long time I have strongly held the opinion, as a result of my own observations, that a very large proportion of cases suffering from melancholia are due to auto-intoxication resulting from the absorption of toxins from the alimentary tract, for in depressed states generally there are various symptoms referable to disordered metabolic processes in some part of the gastro-intestinal tract. The symptoms in question that I consider as evidence of a state of toxaemia are as follows: foul breath, coated tongue, indifference to and often refusal of food, marked constipation, foul stools, anaemia (varying in degree), a sallow dirty skin, profuse perspirations and of offensive odour, skin irritations, eruptions, disorders of sensation often leading to flesh-picking, and headache. Of course we do not in any one case find all these symptoms, but there are several common to all cases of acute melancholia."

In 1906 Dr. Lewis Bruce published a paper on the "Clinical Significance of Indoxyl in the Urine." The two concluding paragraphs of that paper have a bearing on the present communication:

"That the presence of an excess of indoxyl in the urine means a loaded alimentary tract, which should at once be treated by

the use of large enemata— 1 to 1.5 litres of normal saline solution by preference—and the placing of the patient on a purely milk dietary or a milk and farinaceous dietary. The whole alimentary tract can be rendered free from putrefactive processes by seeing that the mouth is kept clean —by the removal of carious teeth and by the use of antiseptic mouth-washes—by placing the patient on small but frequent quantities of milk diluted with aerated water and washing out the large intestine with enemata. The benefit of this treatment is most obvious, especially in patients who show symptoms of alimentary disturbance and toxaemia, and under such treatment indoxyl practically disappears from the urine."

In a later part of the present paper reference will be made to the value of intestinal lavage and other measures on the lines referred to by Dr. Bruce. In the same volume there is an interesting paper by Dr. Easterbrook on "Insanity and Indicanuria (Indoxyluria): A Note of Criticism." Dr. Easterbrook dissents from some of the conclusions drawn by Dr. Bruce from his results. Dr. Easterbrook is correct in his correction that indoxyluria is not in itself a reliable indication of generalised toxaemia. He raised a practical and important point in the following quotation:

"Does constipation more commonly precede or more commonly follow the onset of melancholia ? In my experience the proportion of cases in which there is obtained a definite history of constipation prior to the onset of melancholia is very much smaller than the proportion of cases in which the constipation sets in after the melancholia has commenced, and the frequency of constipation in the course of melancholia is readily explainable by a passivity of the visceral musculature, comparable to the passivity of the voluntary musculature."

This point will be later referred to; we have now in

radiography after the use of bismuth meals a modern method of investigation capable of throwing great light upon the important question raised by Easterbrook.

In the Morison Lectures for 1907 by A. R. Urquhart, reference is made to the importance of oral sepsis. Dr. Urquhart's reference is interesting:

> *"Dr. Raynor's work in the out-patient department of St. Thomas's Hospital has been amongst the insane, and especially amongst incipient cases, and his conclusion is that one of his most important duties has been to hand over these persons to the care of the dental surgeon. The improvement in mental condition after his attentions are completed has been so remarkable that van der Kolk might have added another sympathetic insanity to his list. I need not load this aspect of the subject with clinical details."*

In the same volume there is a contribution, "Notes on the Management and Treatment of the Epileptic Insane," with a special reference to a sodium chloride-free diet, by G. Foster Barham. There occurs the following paragraph:

> *"With regard to the second indication—the removal of exciting causes—the effects of peripheral irritation, especially those which arise from abnormal states of the alimentary tract, are too well recognised to require further comment. Yet it is impossible to over-estimate the importance of a systematic examination of the mouth, especially the condition of the teeth, which, in the class of patients admitted into county asylums, is usually deplorable. Not alone are the teeth carious, the gums soft, and in many cases in a condition of suppurative gingivitis, but alveolar abscesses and even pyorrhoea alveolaris are frequently met with. Moreover in the states of hebetude and stupor into which those patients sometimes pass septic pneumonia is extremely liable to bring about a fatal termination."*

In a paper on "Amentia and Dementia" in the Journal for 1908, C. J. Shaw writes as follows:

> *"Cystitis occurs frequently in asylums, even in fairly healthy patients. In many cases I have found the Bacillus coli communis or an allied organism present in the urine. Obscure intestinal lesions are also common amongst the insane, and may, in some cases, be associated with this microbe."*

In the Morison Lectures for 1908 there is a paper by Lewis Bruce on the "Symptoms and Etiology of Mania." For our present purpose the most important statement in this lecture is expressed in the following terms:

> *"I am firmly convinced that if we are to advance our knowledge of the intricate mass of symptoms called at the present day mental diseases, we must attack the problem from the physical side. The mental symptoms must be to us mere incidents, nothing more, often assisting us in arriving at a diagnosis, but subsidiary and secondary to the physical symptoms which they so frequently mask, and which can only be demonstrated by direct and special investigation—investigations in which we can hope for no assistance from the patient, who not unfrequently is not in a state to render intelligent assistance."*

In the later part of his lecture Dr. Bruce touches on the question of bacteria in the intestinal flora in the following terms:

> *"There are, therefore, many links in the chain of evidence wanting, but such evidence as is already in my possession is sufficient to warrant the general conclusion being drawn that the diseases known as mania is due to bacterial toxaemia, which is in many ways comparable to the bacterial toxaemia of rheumatism."*

In the same volume there is an abstract of a paper by a French physician, Prunier, entitled, "Contribution to the Study of Autointoxication in Mental Confusion," this being determined by an estimation of the toxicity of the urine as experimentally observed in animals. His conclusions are given in the following:

> *"He concludes from his own cases and from a review of the literature that there exists in most patients suffering from confusional insanity some gastro-intestinal toxines. Owing to an excessive production and absorption the kidney is stimulated to further work, so that there appears "a hypertoxicity of the urine." But this "hypertoxicity of defence" is not equal to the amount of toxine absorbed from the intestinal canal, so that an auto-intoxication of the body is produced which manifests itself by various physical signs and by the appearance of mental confusion. After injection of the hypertoxic urine all the animals died in convulsions—in opisthotonos with trismus, never in coma—and he attributes this to the presence of a ptomaine in the injected urine. The question of auto-intoxication is most interesting and fascinating, and about which much has been written, but of exact observations there are but very few."*

In a paper, "Remarks on Hospital Treatment of the Acutely Insane," by Mervyn A. Archdale, 1909, reference is made to the important role of sepsis in the mouth and other parts as the cause of mental disorder. The author's opinion as to the relationship between oral sepsis and mental disorder is comprised in the statement, "Oral sepsis greatly aggravates mental symptoms and calls for urgent treatment, and in some cases it has been the most important cause of insanity." Among other interesting points in a very instructive paper are the following extracts:

> *"There is one point in connection with sepsis I wish particularly to emphasise, and that is, that we can certainly*

have bacterial invasion of a part and the absorption of toxine without any noticeable local signs. For example, we may have bacteriuria and not know it until we examine the urine for bacteria, the resulting cystitis being so slight as to escape notice. Because one is very liable to be misled by reports oh the state of the bowels, and because it is most important to have a full knowledge of the condition of the alimentary canal, I think the physician should himself see the motions daily of every one of the acute cases."

In 1910, in a paper on "The Systematic Estimation of the Leuco-cytosis in Certain Cases of Insanity: with Special Reference to the Toxaemia Theory," by S. Carlisle Howard, reference is made to his bacterial examination of the urine and stool of a patient suffering from mania with confusion; he reported the existence of streptococci in the urine which the serum agglutinated in 20 minutes in a dilution of 1 in 40, the examination of the stools revealing an unusually scanty number of B. coli, the predominating bacteria being streptococci.

In a short abstract of a paper on "The Toxic Genesis of Contracture" in the Journal for 1913 there occurs the following:

"Buscano has already expounded the doctrine that contracture consecutive to interruption of the pyramidal bundle, whether in the form of late post-hemiplegia contracture, Little's disease, or spastic paralysis of adults, is peripheral in origin and distinctly toxic in its genesis. He argues that in a paralysed limb there is set up a certain amount of venous stasis, an interference with the normal metabolism, especially in the muscles, and a stagnation of catabolic products."

In the same journal there are given the results of a "Bacteriological Examination of the Urine in Some Cases of General Paralysis," by E. Barton White. There occurs the following interesting note:

> *"In collecting a large number of samples of urine from the insane under strictly sterile conditions for another purpose, I have been struck by the frequency with which bacteria occurred in them, chiefly in the case of general paralytics, and this circumstance has led me to investigate the urine of patients suffering from general paralysis somewhat more fully. It seems that in the majority of cases these organisms may be borne by the blood-stream either from some infected focus or possibly from the alimentary canal."*

In a paper on "Some Mental Cases with Endocrine Consideration," by Guy P. A. Prior, MRCS, many useful points are considered as to the influence of toxaemic conditions on insufficiency of the endocrine glands, notably the thyroid and adrenal glands. In his Presidential Address on "The Mechanism of Involuntary Melancholia" at the Annual Meeting of 1920, W. F. Menzies brought out in an interesting and suggestive way many points of interest. For our present purpose attention may be drawn to the following:

"In states of depression occurring at the involutionary period a most important factor is excessive putrefaction in the intestine"; and again in a general reference to the pathological anatomy of the gastro-intestinal tract there is the following: "Asylum cases show a jejunum and ileum shrunken in diameter or length, although the colon is often much enlarged and the wall atrophic and even translucent." This statement is specially interesting and instructive as being the only one that I have found in the literature bearing on an important point to which attention was drawn by the late Dr. Wilson and the writer in 1903. Interesting collateral evidence bearing on toxaemia is supplied in a paper on "The Significance of Acidosis in Certain Mental Disorders," by B. H. Shaw, in 1920. It pointed out that:

> *"Acidosis has been present in 10 out of 25 of the past admissions and the mental disorder in all 10 was of the*

confusional type. In cases which recovered it is noteworthy that the improvement synchronises with diminishing acidosis."

In 1921 Dr. Goodall published an interesting and suggestive short note on the "Results Obtained by the Use of Bismuth Meals in Cases of Dementia Praecox." This paper is, so far as I am aware, the first paper published recording results of the application of X rays after bismuth meals in mental cases.

There are yet 2 other papers to which reference must be made. In 1920 W. G. Thomson, MA, MB, published a paper on the "Minimal Requirements for a Small Clinical Laboratory." In this useful paper he shows very conclusively that:

"The fitting-up of a small laboratory where useful pathological work could be done need not be an elaborate or costly affair," and he further adds, "the great thing is to get a start—a small laboratory will lead to a larger and more fully equipped one where we may have at least one man working on his own local problems." A further valuable quotation dealing with asylum work is the following: "the day of the 2 hours to a round is gone and the day of 2 hours to a bed has come."

The concluding reference is to the interesting and suggestive work of Ford Robertson recorded in his recent book on Therapeutic Immunisation. In this work the author refers to the frequency with which, more especially in acute disorders, there exists a condition of bacteriuria, and a pathological state of the intestinal flora, his observations leading him to conclude that a much larger number of cases of acute insanity than is at present dreamt of owe their origin largely to an acute infection.

These extracts from the transactions of the Medico-Psychological Association of Great Britain and Ireland of the past 20 years demonstrate fairly conclusively that alienists in this country fully recognise the possibility, and indeed the probability, that in the development of many forms of mental disorder the introduction into the system of some

toxic or infective agent from one or other of the free mucous surfaces of the body plays a much more important part than we realise.

The American Journal of the Medical Sciences, September, 1922, Dr. Cotton's paper on " Infection of the Gastro-intestinal Tract in Relation to Systemic Disorders." He writes:

> *"The so-called functional psychoses we believe to-day to be due to a combination of many factors, but the most constant one is the intra-cerebral, biochemical and cellular disturbance arising from circulatory toxins originating in chronic foci of infection situated anywhere throughout the body, and probably secondary disturbances of the endocrine system. The psychoses, then, instead of being considered as a disease entity, should be considered as a symptom, and often a terminal symptom, of a long-continued masked infection, the toxaemia of which acts directly on the brain.*
> *Results of the work: We have outlined above our theories regarding the causation of the so-called functional psychoses. We realise that many theories have been advanced in the last 50 years regarding this subject, but we also want to state that during this time the recovery-rate of State institutions has materially diminished. If then we advanced merely a new theory and could not show that the application of such a theory had had unusual results on our patients, we should then be classed with the theorists and our work considered interesting if true. However, we feel we have substantial grounds for considering that the application of these theories has produced results which, as Meyer states:*
>
> *"appear to have brought out palpable results not attained by any previous or contemporary attack on the grave problem of mental disorder"*
>
> *We will confine our statistics to the so-called functional*

group, which includes dementia praecox, manic-depressive insanity, paranoid conditions and the psychoneuroses. In this group, as a whole, for a ten-year period prior to 1918 the recovery-rate was only 37%, of the admissions. Since 1918 the recovery- rate has averaged nearly 70%, in the same group. Of 380 cases classified in this group in 1918 only 50 to-day remain in the hospital and 9 of these are criminals. A recent survey made of these 380 patients discharged in 1918 shows that after 3 years, with few exceptions, they are to-day normal in every respect. Over 1,000 patients have been successfully treated in the last 3 years, and it is gratifying to note that the proportion of readmissions to the State Hospital at Trenton has not increased during this time, and that many of the readmissions are cases that were admitted the first time prior to this period of intensive treatment. Our failures have been confined to the patients with a psychosis of over 2 years duration. The cause for such failures we consider is due to the fact that the brain has become permanently damaged, and no amount of elimination of such infection has any effect upon the psychosis."

- Dr Chalmers Watson, MD, FRCP Edin., Physician, Royal Infirmary, Edinburgh in "Journal of Mental Sciences", Vol.69 Oct. 1923.

"Experience has shown that auto-intoxication is a factor in so-called mental disease. Many cases in State hospitals, supposed to be insane, should be placed in general hospitals as cases of auto-intoxication for active treatment. Auto-intoxication is a poisoning of the system, produced by disturbed metabolism, and auto-infection is due to the bodily presence of some form of bacterial life, the symptoms representing part of a general toxaemia." -Dr C. Spencer Kinney, MD, in "Auto-Intoxication, Overstrain, Exercise and Bathing", 1905.

"Gastro-intestinal tract. The author found involvement of the stomach, duodenum or lower intestinal tract as also with that of either the teeth or the tonsils or both in 50% of the cases. Cotton concurs with Draher as to the importance of the duodenum as a source of absorption of toxic products. It is equally clear that so long as the bacteriological aspect of mouth infection remains unsolved, this custom of destroying the masticating apparatus of the race will continue. Anders admits that many and varied morbid medical conditions may be oral in origin, as for example, arthritis, endocarditis, pericarditis, myocarditis, myositis, gastritis, gastric ulcer, myocardial degeneration, arterial fibrosis, chronic nephritis, exophthalmic goitre and many others. Furthermore foci elsewhere in the body than the teeth are quite as likely to cause disseminated infection as disease of the masticating organs. It is possible to demonstrate the same micro-organisms in pulpless teeth and in arthritic joints." - Dr William W. Root, MD in "The State Hospital Quarterly", November 1920.

Chapter 12

Constipation

"It is melancholy to reflect on the multifarious forms of disease which can be traced mainly to constipated bowels. Dyspepsia, liver complaints, nervous debility, hysteria, hypochondriasis, asthmatic and dropsical affections, cholera, colic, piles, skin diseases, etc., with their countless combinations and ramifications, may be generally traced to this starting point. The common primary cause is concentrated food and mixed dishes. Baker's bread, superfine flour in the shape of hot rolls, butter-biscuits, tea-cakes, short-cakes, etc., cause an immense amount of obstruction, debility, disease, and deformity." - William Horsell in "Hydropathy for the people", 1855.

"We owe to practical observation the absolute certainty that one half of the chronic diseases proceeds from constipation." - Le Roy-Pelgas in "Medecine Curative Complete", chap. xii. "When constipation exists, and absorption and evacuation is delayed, higher and lower albumoses than those available for tissue metabolism are formed, and add to the toxemia, for the dividing line between wholesome and toxic albumoses is a very narrow one. Finally, there are some of the specialists in kidney diseases who seem to be of the opinion that just as alimentary glycosuria may lead to genuine diabetes, so alimentary albuminuria may lead to a vitiated habit of kidney epithelium that allows the passage even of a serum albumen. From this to true degeneration and actual nephritis is but a step which has so far not been clinically observed, but which the well known insidiousness of nephritides might easily have permitted to escape notice so far." - in "The Medical News", 1898.

"Constipation is a disease of civilization. Wild men and wild animals do not suffer from this malady, which is perhaps

responsible for more human misery and mental and moral disaster than any other single cause." John Harvey Kellogg, MD.

"The fact that women are habitually constipated and that they drink small quantities of water, are two factors to be borne in mind in treatment. Hydrotherapy plays an important part in the relief of symptoms." - Dr Charles P Noble, in "Backache in Women and its Treatment", New England Medical Monthly, Vol. XXV, No.1 January, 1906. Whole No.289.

"The principle factor which in my opinion predispose to disease is constipation. Constipation may be described as an unsanitary condition of the bowels, and, if habitual, is invariably injurious in its effects, inducing, as it assuredly does, a morbid condition of the blood. The mucous membrane of the lower bowel (or colon) possesses, to a considerable degree, the power of absorbing fluids.

This knowledge is daily taken advantage of by physicians in the treatment of certain diseases in which the stomach refuses to retain food. Nutriment is, therefore, as an alternative ad¬ ministered by the bowels, and this we know

becomes absorbed by the mucous membrane, and through this channel is passed into the blood. This being correct, the question naturally arises: Is it not also able to absorb and in like manner pass into the circulation the noxious and poisonous fluids of which to a considerable extent the faeces are composed?

The answer to this is, that it assuredly does act in this manner, and the certainty of this resulting as a sequelum, where constipation exists, is manifested by the salivary secretion becoming tainted, which circumstance gives rise to a disagreeable taste and offensive breath; a dusky complexion; dark lines under the eyes where the skin is thin and transparent, thus permitting the discolouration of the blood to be visible; frontal headache; lethargy; mental depression; cold feet; a tendency to shiver, etc.

This unhealthy condition, moreover, is highly favourable to germ life, and also to its rapid development It thus conforms to all the requirements of germ life, and simultaneously provides a suitable environment for the casus morbi within the animal economy. There is thus a dual condition established within the blood which is highly in favour of the germs of disease.

One thing I maintain is, that anaemia, now so common among young girls, assuredly has its origin in habitual constipation. This disease of the blood is brought about by the gradual destruction of its red corpuscles, which cannot possibly retain their health and multiply in a contaminated fluid. A vitiated condition of the blood will promote the development of such diseases as Influenza, Pneumonia, Rheumatic Fever, etc." - Dr Robert Bell, MD in "How to fight Influenza and Allied Diseases", 1899.

Heart Symptoms Associated With Constipation

"Colic and fever are two conditions which arise from these hardened masses of faeces in the intestine. The former may cause the most excruciating pain, accompanied by collapse and meteorism, demanding one or two injections of morphine, and ceasing only after 2 or 3 free movements of the bowels. The latter is less strongly substantiated and may be coincident, yet rises of temperature occur, with no other condition than that of constipation, and disappear on free catharsis. Accumulations of faecal matter, too, may cause the presence of nucleoalbumin and mucous casts (cylindroids) in the urine, and, while no one attempts to associate nephritis with constipation in a causal relation, still a pyelitis may be aroused by the colon bacillus, whose growth and migration through the lymph vessels to the urinary tract are encouraged by stagnation of intestinal contents.

The heart symptoms associated with constipation are mild precordial distress (much commoner after mealtime than after exercise), palpitation, and intermission. It is very improbable that coprostasia is an instrumental agent in

producing these symptoms, but both are the outcome of the patient's neurasthenic condition, or the cardiac irregularities (providing the heart is muscularly insufficient) may be due to accumulations of gas in the splenic flexure. Similar conditions pertain in bronchial asthma and epilepsy.

But after the underlying conditions of the constipated have been studied, gastric hypersecretion or stasis, neurasthenia, and the special state of the colon noted (spasm or atony), and the anal sphincter investigated (spasm with full rectum), then vigorous measures must be adopted to remedy the special form found, consisting of dietary, physical, and medicinal measures, the use of enemata, and possibly an operation.

Diet

The diet, based on physiologic standpoints, must consist of coarse foods containing much cellulose (like Graham, brown and rye bread), all the breakfast foods (particularly oatmeal), green vegetables (like lettuce, green peas, and cabbage), and all fruits and berries. These substances all act by producing a voluminous stool, but we have others which have a stimulating effect on peristalsis, such as milk, buttermilk, cider, and honey, while salted articles (like salt codfish, mackerel, and finnanhaddie) have the same effect. On the other hand, certain articles of food, like cocoa, rice, macaroni, and cheese, have the opposite effect of retarding peristalsis, and should be avoided.

Mucous Colitis - IBS

The symptoms are much varied, and have a different course according to the nervous susceptibility of the patient. As a rule, they come on very gradually, and only a few can recall an acute attack. There are periods of comparative freedom from discomfort and then an interval is interposed when the patient's declaration is that “life is a burden”. Practically all the victims describe periods of constipation, and state that, as soon as these set in, the pain and discharges of mucus are markedly increased. Women, too,

complain of an increase in discomfort during menstruation, while others declare that any emotional influence (anger, sorrow, or disappointment), increases the severity, showing a strong nervous element. It becomes manifest by rumbling of the bowels, a feeling of fullness, which the patient declares to be due to gas, though his abdomen is flat or concave-shaped, and a feeling of insufficient defecation, or often actual pain in some portion, like the flexures. Again, actual colics occur, which at first are difficult to differentiate from gallstone or appendical colics. Patients tell us that their pain is constant, unaffected by the amount or character of the food, but, though they have an excellent appetite, they are afraid to eat to satisfaction, and most of them are thin and apparently undernourished. The abdomen is an obsession with them, and a constant observation of the stool (which is their custom) does not relieve in any way their overexcitable nervous system.

The sharp attacks of pain, from which some do not suffer, but have a dull, steady pain, are dreaded more than anything else, and many attacks occur without any warning or preceding restriction of stool. At first, before the pain has reached its climax, the sufferer can localize it in the right (ascending) or left (descending) abdomen or in the median line (transverse colon), but after a time it streams over the entire abdomen, cold sweat covers the brow and face, and they roll on the floor or bed, pressing their hands over the epigastrium or lower down.

During these attacks of pain the abdomen is not distended, but rather contracted, as in lead colic, nor is tenderness so pronounced that one cannot indulge in deep palpation. Rapid pulse and pinched features are wanting, so that there can be no peritoneal involvement. During the colic but, better, in the intervals, long stretches of contracted colon can be detected and rolled under the fingers, while before them such portions of the colon are soft and elastic, and gurgling can be heard and gushes of fluid felt. The cecum is apt to be found relaxed, while the sigmoid is almost invariably in a state of firm contraction. The stomach, too, may be found somewhat lowered and succussing readily,

while either one or both kidneys are prolapsed, and in women the ovaries are tender." - Dr A. Everett Austin, MD in "Diseases of the Digestive tract and Their Treatment", 1916.

> *"The stomach, in fact, all the digestive organs in all heart diseases should be looked into, and, if complications, treated accordingly." - Dr Zachary Taylor, MD, in "The Medical Summary", 1906.*

Severe Constipation

"A high percentage of patients with functional disease of the intestines have what they call inadequate bowel movements; some actually have bouts of severe constipation. The pelvic colon becomes filled with faeces gradually and the rectum usually remains empty even after an evacuation of the bowels. When the faeces enters the rectum a sensation of pressure ensues which causes a desire to defecate, and if this desire is ignored, the rectum relaxes and the call to evacuate leaves. Since food taken into the stomach stimulates the movement of the faeces from the pelvic colon into the rectum (gastrocolic reflex), the period just after breakfast is the best time to train the bowel function for eliminations. The best type of bowel movement is one which gives the sensation of the bowel having been emptied, emptying of the rectum and the sigmoid. There is no objection to more than one stool a day so long as the excreted faeces are neither too watery nor too dry.

Constipation has resulting unpleasant symptoms. If food is not eliminated in 60 hours after taking it, sometimes the tongue becomes coated, breath becomes foul and the desire for food disappears. Nausea commonly occurs and mental sluggishness, headaches and lack of concentration ensue.

Reaction time increases, basal metabolism is elevated, the fasting blood sugar goes above normal and the ergograph shows fatigue develops more rapidly. An hour alter an elimination such a person is relieved of all symptoms and discomfort.

The causes of constipation were divided by Spiesman into two classifications:

1. Functional
2. Organic

Functional Causes:

a) Disregard for habit time,
b) Sedentary habits and lack of exercise,
c) Insufficient water intake,
d) Dietetic deficiencies (bulk, vitamins and mineral salts), instability of the vegetative nervous system,
e) Endocrine dysfunctions,
f) Functional dyschesia (rectal constipation),
g) Coprostasophobia,
h) Psychic factors,
i) Nervous factors.

Organic Causes:

a) Kinks,
b) Adhesions,
c) Anomalies of the colon,
d) Weakness of the abdominal muscles,
e) Diverticulitis,
f) Intrinsic and extrinsic tumors of the rectum and colon,
g) Hirschsprung's disease,
h) Gastro-enteroptosis,
i) Rectal and sigmoidal prolapse,
g) Organic dyschesia (rectal constipation),
l) Anal pathology (especially pectenosis, fissure, cryptitis and anal stenosis).

As a condition constipation should be looked upon as a symptom of a vast array of diseases and disorders. Many individuals complain of lassitude and a vague lot of general symptoms when their bowels do not move daily (sapremia).

There is little question that in people who had daily bowel movements and then for whatever reason become constipated, they are uncomfortable and distressed until elimination has taken place. There are instances in which except for a slight degree of complaint (anaemia, fatigue, headaches, etc.)." - Dr Anthony Bassler, MD in "Diseases and disorders of the colon", 1957.

Chronic Constipation from Disease

"The morbid processes which cause chronic constipation do so in various ways:

By voluntary abstention from stool on account of the pain it causes by reason of a diseased condition of the rectum:

- In haemorrhoids.
- In ulcers of the rectum.
- In fissure of the anus.
- In chronic inflammation of the rectum (chronic proctitis).
- In abnormal irritability of the rectum; "irritable rectum, hysterical rectum".

Atony of the Intestine (Darmatonie) Causes and their Mode of Action

By far the greatest number of the cases of habitual constipation that come under our observation are due to an imperfect performance of physiological function on the part of the intestines, more especially of the large bowel.

1. Neglect to attend to the Calls of Nature.
2. The Pernicious Habit of Reading at Stool.
3. Food Defective in Residual Matter.
4. The Habit of Abstaining from Cold Water.
5. Want of Sufficient Physical Exercise.
6. Obesity.

7. Bad Teeth, or Want of Teeth.

Membranous ententis

Enteritis Membranacea (Membranous ententis). - Litten maintains that constipation is, in very many cases, the cause of this very troublesome affection.

False diverticula

False diverticula are occasionally found about the small intestine, sometimes in great numbers; but whether they stand in any relation to the subject under consideration is a question. Treves speaks of them as diverticula by distention; if this be the cause of their production, then they may certainly be related to one form of constipation or, another.

Jaundice

Jaundice may be caused by accumulation of faeces and impaction thereof in the right colic flexure and the adjacent sections of the transverse colon. (By pressure upon the ductus communis). Leube also calls attention to jaundice in this way produced.

Atony of the Stomach

Atony of the Stomach may result from prolonged atonic constipation of the bowels.

Auto-Intoxication

Does constipation give rise to auto-intoxication? In the solution of this question there naturally arises the other question as to the mode of production of the headache, the anorexia, the insomnia of the constipated. It has been assumed by some that they are the result of intoxication. If this be correct, then auto-intoxication may occur. I hold, however, that they are not due to auto-intoxication. This I

believe to be clearly demonstrated by the fact, the common observation of the whole profession, that upon a thorough purgation these symptoms disappear at once. Intoxication cannot be so quickly banished. It is furthermore proven by the cases reported of large accumulations of faeces of long standing, wherein, if auto-intoxication does so readily occur, we should certainly have had it in a marked and grave degree. This position is also taken by Bouchard.

He says:

> *"The objection often raised to the hypothesis of auto-intoxication of faecal origin is the fact that constipation is compatible with good health. If the hypothesis were true, auto-intoxication should be realized in its highest degree in the constipated. I answer that constipation must be regarded as a protection against auto-intoxication. It presumes that all that can be absorbed has been absorbed. In constipation there is at first a preliminary phase in which the danger of auto-intoxication exists; in the second phase it cannot exist any more."*

The preliminary stage he refers to is only found in the acute forms of constipation, in which, owing to acute pathological processes, toxic materials are generated in large quantities, and by reason of the obstruction, are absorbed. But in the other forms of constipation, especially that which chiefly interests us here, where there is merely a stagnation and induration of faeces, intoxication does not occur. There is, however, danger of intoxication, and intoxication does in fact occur, when we have a diarrhoea established with the constipation.

As has been already pointed out, the fluid matter then in the small intestine is abnormal in character, containing irritant and noxious substances, and, pouring out over the impacted faeces, the surface of which is softened, additional toxic matters are set free; these all coming in contact with the mucous membrane, absorption and intoxication may result.

This poisoning of the system may reach a dangerous degree, and even cause death.

Functional Disturbances of the Nervous System

Besides the various pathological conditions connected directly with the digestive tract, all more or less painful, some even attended with no inconsiderable danger, which may result from constipation, there are functional disturbances of the nervous system, of which it is undoubtedly the etiological factor.

Palpitation of the Heart

This is the most common of the functional disturbances of the nervous system caused by constipation. During a period of prolonged constipation, attacks of palpitation, of hurried cardiac action, will come on without there being anything abnormal discoverable about the heart. In these paroxysms, besides the subjective sensation, there is also exaggerated activity of the organ; the heart contractions are augmented in force and there is increased frequency of pulsation. Sometimes there is irregularity of action, as manifested by arryhthmia or intermittence. These attacks cannot, according to Kisch, who has studied this subject carefully, be mistaken for paroxysms of angina pectoris, as all the evidences of increase of blood pressure by vascular spasms, as coldness and pallor of hands, formications, etc., phenomena characteristic of angioneurosis, are wanting. In the case related by him, the cardiac impulse was strongly visible at the normal point, the pulse was soft and 100-120 in the minute. With the restoration of the function of the bowels to the normal, this cardiac neurosis disappears.

Haemicrania

Next in frequency of occurrence is haemicrania. Kisch remarks that he has observed in quite a number of instances, especially in men and women with the mark of abdominal

plethora, a venous hyperaemia of the whole abdomen, attacks of haemicrania, which though they obstinately resisted all methods of treatment, both local and constitutional, would yield readily to, and were permanently cured by, the use of Marienbad-glauber salts.

In some of these cases, pains in the epigastrium, in the caecum, which would appear as prodroma of the typical paroxysm, pointed out the relation of the haemicrania to the condition of the intestinal tract. He also calls attention to this point, worthy of note, that though the administration of an active purgative may cut the paroxysm short, nevertheless it is only when the constipation has been overcome that a permanent cure is established.

Insomnia

Constipation is not infrequently the cause of sleeplessness, both in adults and children. A relief of the coprostasis is followed by a disappearance of the insomnia.

Psychoses

Dr. Marcus Feyat in a monograph on constipation and the toxic phenomena that it produces (De la Constipation et des Phenomenes Toxiques quelle provoque: Etude de Pathologie Nerveux et Mentale, 1890), with special reference to the nervous system, seems to hold that constipation is occasionally the direct cause of mental disease. Judging by analogy, from the well-established fact that hallucinations may be provoked by disturbances of the stomach, of the bowels, it might, very properly, be assumed that constipation, when attended with marked indigestion, and the consequences thereof, abundant development of flatus, distention of the bowels, sense of weight, oppression, colicky pains, could "per se", when long continued, cause a more decided perversion of the mental balance. In further support we may cite the condition of hypochondria that frequently attends obstinate coprostasis.

Diseases of the genital organs in young women

Constipation in young women when long continued may give rise to morbid processes m the genital organs. This occurs more particularly when there is great accumulation and marked induration of faeces. In the male it may give rise to pain in the spermatic cord or in the testicle. Pain in the loins, in the groin.

Chlorosis (chloro-anaemia)

Faecal anaemia. Caused by constipation.

Treatment of Constipation due to Atony of the Intestine

From what has been said in the preceding chapters it can be readily seen that habitual constipation is not the trivial matter it is held to be by most people, but that it is a derangement which, by reason of the grave evils that may arise therefrom, should be remedied as soon as possible, and therefore deserves the earnest consideration of all whose function it is to study and treat disease. Constipation dependent upon an atonic condition of the intestinal muscular apparatus being, as already set forth, the most frequent, the most common form that presents itself to us, the consideration of its relief must naturally take the first place.

The indications for treatment are here, as in other morbid conditions, twofold.

I. The removal of the cause: "remotus causa tollitur effectus".
II. The restoration of the bowel to its pristine vigour." - Dr Henry Illoway, MD in "Constipation in adults and children", 1897.

"Constipation is caused by a permanent irritation of the mucous membrane of the rectum (lower bowel): this

irritation, extending itself to the muscular membrane, constantly contracts this latter, and hinders the secretion of the former; whence the stagnation of the faecal matter becomes inevitable. Then purgatives and injections are resorted to: they empty the bowels, but what effects do they leave after them?
They increase the local irritation, and the constipation becomes more obstinate; the poor sufferers are forced again to have recourse to the same violent methods, and in the end, after a long use, paralyse the action of the bowels; they are led to make insupportable and often fruitless efforts to expel the faecal matter, troubling thereby the nervous system, causing congestions of the blood to the brain, giving occasion to ruptures, and almost inevitable haemorrhoids." - in "Warton's Ervalenta. Habitual Constipation, Bad Digestion", 1848.

Chronic Enteritis, Chronic Entero-Colitis, Chronic Intestinal Catarrh, Chronic Diarrhea, Chronic Dysentery, Chronic Colitis, Chronic Proctitis

"The above group of chronic inflammatory diseases of the intestines, small and large, are, as a rule, the flotsam and jetsam of acute attacks; the inflammation, congestion and frequent stools remain, changed some in character, hut in general bearing much resemblance to the acute. The pain and suffering are not as marked, although these cases become weak, emaciated, lose vitality and strength, are anemic, dyspeptic, and the subjects of auto-intoxication." - Dr Curran Pope, MD in "Practical Hydrotherapy, a Manual for Students and Practitioners", 1909.

The Colon as a Site of Focal Infection in Nonspecific Urethritis

"Experimentation has proved that bacteria from the colon can pass through its walls into the lymphatic and blood stream through the kidneys and produce a nonspecific urethritis. The verumontanum is like a weather gauge indicating various conditions in the pelvis and becoming especially hyperemic in a condition of colon stasis and constipation. Men past middle life with a history of no specific infection, who are heavy eaters, who take no regular exercise and with a blood pressure usually above normal, may be harbouring a condition of colon stasis in which cases there is a tendency to low grade generalized infection from the colon of the pelvic organs and especially the prostate." - Dr F. H. Redwille, MD, in "Urol and Cutan. Rev.", 1931.

The Clinical Findings of Dr Mayr

While a medical student, Franz Xaver Mayr (1875-1965) asked himself: how does one recognize a healthy intestinal tract? What are the shape, size and characteristics of a healthy stomach? Where lies the transition point between healthy and unhealthy? At medical school he soon realizing that there was no diagnostic criterion for differentiating between a healthy and functionally severely impaired digestive system. After leaving medical school he began treating his patients with special care to diet and intestinal cleansing. During his clinical practitioner career Dr Mayr, found that there was a close link between the health of the digestive system and the overall state of health of an individual. In 1920 Dr Mayr published a book: "Beauty and Digestion, or the Rejuvenation of the Human Being Only

Through Proper Maintenance of the Intestine".

> *"Toxins in the intestines are the cause of illness, premature ageing, and ugliness of the physical body, and ugliness of the psyche and soul. But therapy, applied in time, brings a beneficial change." - Dr Franz Xaver Mayr, MD*

In another of his books: "Studies on Intestinal Constipation (congestion), their Consequences and their Treatment", 2nd Ed., Berlin 1920.

Dr Mayr explains in detail, that a great number of ailments of the gastro-intestinal tract as: gastritis, peptic ulcer, volvulus of the large and small bowel, hernia, haemorrhoids, intestinal carcinoma and polyps, gallstones, cholecystitis and pancreatitis can be traced more or less directly to insufficiency either of the large bowel or, with more pernicious results, of the small bowel. The action of the bowel is considered as the sum of the actions of the various segments, each of which has a stimulating or inhibiting effect on the segment just ahead of it. The reflex action of any segment is the product of the stimulation and irritability of that segment.

Dr Mayr also points out that peristalsis during normal digestion, with a balanced diet is practically constant, from day to day. He lays great emphasis on disturbances in the bowels as a causative factor of the disturbance of motility of the stomach. As curative measures he indicates healthy diet and Hydropathy.

Chapter 13

Headaches & Migraines

"Head-aches, sick Stomachs, Vapours, low Spirits, Gripes and Colicks, proceed from Cramming; and are ever accompanied with loose Stools. The Cure of all Relaxations of the Nerves (the Source of Chronical Diseases) must necessarily begin at the Stomach and Guts." - Dr George Cheyne, MD, FRS, in "An essay on Health and Long Life", 1724.

"Besides, are constipated people healthy? They have headaches, migraines and vertigo." - Dr Charles Bouchard, MD Prof. of Pathology and Therapeutics in "Lectures on Auto-Intoxication in Disease", 1910

"In general terms headache is the manifestation of the irritation of sensory nerve-fibres caused by derangement of pressure or tension, inflammation, toxaemia, and reflex disturbances." - in "Internal Medicine; a work for the practicing physician on diagnosis and treatment", 1920.

"Two of the principal ailments that kept just a good balanced diet from bringing me back to complete health with any speed, was gall bladder inflammation and a bad intestinal condition. This latter condition included prolapsus of the transverse colon, strictures, impactions, pockets, and adhesions, requiring some special effort to overcome them. These two ailments are boon companions, working hand in hand, nagging the sufferer into the most excruciating sick headaches. These usually appear when the impactions in the colon have blocked the passage, but apparently they are brought about by some food which has been consumed. As a

rule, the food eaten has a tendency to be a laxative and pressure is brought to bear against the obstruction. Physicians sometimes call this "food allergy" and the headaches "migraine." Be that as it may, when the muscular action of throwing up the contents of the stomach becomes violent enough, the impaction in the intestine moves and the headaches disappear, only to reappear when the intestines again become blocked. This was the situation I was in and many of my readers must have had similar experiences. The reactions are not always sick headaches, but often manifest as asthma, hay fever, hives and breaking out of other rash on the skin. Allergy is just as much a disease as any other manifestation of ill health. Any person who finds himself in a similar condition lays himself open to acquiring any disease, —first acute and finally chronic." - Lillian Taylor, in "Clean Up the Blood Stream and Live", 1944.

Head Dizziness

"A person subject to fullness of the head, dizziness, rush of blood to the head, etc., should pay some attention to the matter, or it may lead to more serious consequences. It will invariably be found that when there are symptoms of Congestion or Rush of Blood to the Head, there will be constipation or costiveness of the bowels. Constipation may, indeed, be the immediate or exciting cause. The bowels being constipated, or bound up, the circulation of the blood in them will be slow and limited; while the overfullness of the bowels causes them to become enlarged, and to press upon the larger blood-vessels passing to and from the lower extremities and lower part of the body, thus interfering with the regular and free circulation of the blood, shut ting it off to a greater or lesser extent from the lower part of the body, and thereby causing an undue proportion to be thrown to the head.

In such condition, the feet and legs will generally be found to be cold, or cooler than they should be; while the head will be hot, the face flushed, and the veins of the neck

full and distorted. If the person stoops, or bends the head down, on rising there will be dizziness, temporary blindness, perhaps, redness of the face, and a feeling of fullness in the head.

Treatment:

Remove the immediate cause, the Constipation of the Bowels.

Remarks on Headaches in General

Headache can hardly be called a disease, though in some rare instances, perhaps, the seat of the difficulty may be in the head, or brain. It is a very common ailment, however; so common that but little attention is given to it by those who suffer from it much of the time, in some form or other. So trifling has it been considered by the profession that but little is said about it by medical writers. In 9 cases out of 10, perhaps, Headache is but a symptom, or effect, of some derangement in another part of the system." - John Gunn, MD in "Gunn's new Family Physician", 1868.

Headache

"I have shewn, as I believe, that a certain form of headache (migraine) is due to an excess of uric acid in the blood, and that, though there is no doubt some nervous centre implicated and irritated by the poison, the nerve centre may be neglected if the poison is removed from the blood, as may be done most conveniently and quickly by acids, and further, that the headache may be prevented by avoiding such food as causes increased formation of uric acid and urea, and by increasing acidity causes at the same time retention of uric acid (e.g., butcher's meat).

I have also shown in my paper on headache above referred to, that a large excretion of urea and uric acid in normal proportion often goes on without any headache, and the reason is that the uric acid comes direct from the kidney,

it is excreted as fast as it is formed and is not in excess in the blood (see paper in Journal of Physiology), and from this we may gather that meat causing an excess of uric acid and urea would do no harm if its third result increased acidity, did not give rise to retention of uric acid. There are some interesting points of connection between dyspepsia and uric acid diseases, for one effect of gastric, troubles and fermentation processes may be the formation of (acetic, lactic and butyric) acids, and M. Bouchard "Lecons sur les Auto-intoxications," speaks of conditions in which the stomach may become a perfect manufactory of such acids, and if these are absorbed and diminished, the alkalinity of the blood and tissue fluids, they would undoubtedly cause retention of uric acid and lay up a store of material for a future attack of some uric acid disease. And this headache generally occurs in close connection with some amount of dyspepsia." - Haig, Alexander, Acland, Henry Wentworth, Royal College of Surgeons of England, 1888.

Cephalalgia Headache

"Pain in the head is a symptom occurring in many affections, such as active cerebral congestion, cerebral meningitis, cerebritis, the essential fevers, acute dyspepsia, syphilitic periostitis of the head, intracranial tumours, etc. The appetite during the attack is either impaired or lost. The odour of food is often disagreeable. Nausea and vomiting occur in a certain proportion of cases, and then it is common to call the affection megrim or tick headache. Without nausea or vomiting the affection is commonly known as nervous headache. Occasional shiverings are not uncommon. Disturbed action of the heart, or palpitation, is not uncommon during the attack. The attack gradually passes off, sometimes with the occurrence of free evacuations from the bowels or an abundant secretion of urine or a slight perspiration. Persons are subject to periodical attacks of headache, as of asthma or epilepsy. The affection is neuralgic in its character, it is a reasonable supposition that it involves a toxical agent in the blood.

Cephalalgia, it is well known, is produced by different toxical agents. It has been conjectured that the immediate causative condition may be either spasm or paralysis of the muscular fibres of the arteries within the skull from an influence exerted through the vaso-motor nerves.

Assuming the existence of spasm or paralysis of the arterial muscles, it is reasonable to suppose that the vaso-motor influence depends on a toxical agent acting on the sympathetic nerves. It has been shown that a certain number of cases of migraine are of reflex origin. A saline purgative, taken at the beginning of the attack, is in some cases an effectual remedy. Hygienic measures are important. In general terms, the liability to attacks is less the more closely the laws of health are observed." - Dr Austin Flint, MD in "A Treatise on the Principles and Practice of Medicine", 1894.

Headache is a Symptomatic Neurosis

"Headache is a symptomatic neurosis, and cannot be regarded as in itself constituting a definite disease. Carious teeth and exposure of the pulp may be the occasion for reflex headache. **Disease of the auditory apparatus may also be the unsuspected cause of persistent headache. The headache which arises in acute indigestion and in gastro-intestinal catarrh is sometimes spoken of as reflex. It is probable that this form of headache is often in part, and in most cases altogether, due to toxaemia.** Certain symptoms are associated with headache with a frequency that indicates a common causation. The more prominent of these are vertigo, nausea, vomiting, drowsiness, and abnormal mental states, such as irritability and hebetude (dull or lethargic).

In symptomatic headache these symptoms are, as a rule, less constant and less severe than in organic headaches.

Vertigo is common in headache due to gastro-intestinal disorder, the so-called bilious headache; nausea and vomiting in the acute toxaemia.

A group of toxic substances of great importance in the causation of symptomatic headache consists of principles

developed within the body in the course of irregular or imperfect tissue metabolism or accumulated by reason of delayed or arrested excretion. The headaches due to this group of causes usually refuse to yield to symptomatic treatment. Here especially must the treatment be directed to the cause. Many intractable headaches are due to chronic uraemia. Headache arising in this condition is often intense; it is apt to be frontal or temporal, and is continuous, with irregular exacerbations of great intensity.

Headache of the same general character occurs in diabetes, in gout and in lithsemic states. To this class also must be referred the headaches of chronic lead poisoning; and those of gastro-hepatic derangements and constipation. These headaches are due to a condition of toxaemia that is complex. These headaches are due to a condition of toxaemia that is complex. They have this in common, that they are all intensified by alcoholic beverages and mostly relieved, for a time, by free purgation. Certain drugs cause headache as a manifestation of their medicinal or toxic action. This effect may arise from overdose or in consequence of idiosyncrasy. The full, tense headache, with tinnitus aurium as a frequent accompaniment, which follows large doses of quinine or the salicylates, is well known. So also is the headache of opium, with floating sensations and nausea, and vomiting increased in the upright posture. The tense vertiginous headache which rapidly follows the administration of full doses of amyl nitrite or nitroglycerin is due in part to the direct action of the drugs upon the nervous system, and in part to the over-distention of the blood-vessels.

Headache is a significant symptom in the chronic intoxication of lead, tobacco, alcohol, opium, and chloral. In the case of lead and of alcohol vascular changes doubtless play a secondary part in the production of head-pain.

The headaches of those addicted to opium and chloral are largely to be attributed to the depression arising from temporary withdrawal of the accustomed stimulant. They are, as a rule, increased during periods of abstinence and relieved by the administration of the habitual dose, though

in the case of chloral, binding head pains sometimes occur, not in the intervals between the doses, but rather shortly after the usual close. These headaches are due to a condition of toxaemia that is complex. They have this in common, that they are all intensified by alcoholic beverages and mostly relieved, for a time, by free purgation.

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Toxaemia. The offending substance or substances in the blood may be the result of:

1. Incomplete or perverted physiologico-chemical processes, or defective elimination of waste. This variety of headache occurs in uraemia, diabetes, gastro-hepatic derangements, gout, rheumatism, and lithaemia.

2. The action of drugs and poisons.

Our knowledge is summed up in the statement that it is the result of the irritation of sensory nerve fibres, caused by derangements of pressure or tension, inflammatory processes, toxic states of the blood, and reflex disturbance.

Treatment

The intelligent treatment of headaches due to toxaemia depends upon the recognition of the condition of which the headache is a symptom. The headaches which arise in consequence of incomplete or defective physiological processes or of defective elimination constitute a large and important group. In the chronic intoxications it is important that the patient be removed from conditions which expose him to the further action of the poisonous agent and that continuous systematic treatment, directed to the elimination of the offending substance, be carried out. They are best treated by regulation of the diet, purgatives, the systematic employment of measures determining to the skin, including various measures of hydrotherapy." - Dr Francis Xavier Dercum, AM, MD in "A Text-book on Nervous Diseases", 1895.

Headache
How Caused and Cured

"The headache is a "Stop-Look, and Listen" sign - a warning from nature that some part of the body's mechanism is not functioning as it should. Disregard this warning and you invite serious consequences.

Among the functional headaches are the following:

1. Various Toxemias—auto-intoxications, metabolic disturbances, infectious diseases, and drugs;
2. Circulatory disturbances—anemic, hyperemic or congestive, and vascular disease.

Most of the functional headaches may be relieved or eliminated by the sufferer himself.

Factors of treatment vary in importance in different cases. The following various factors are given in the order found, because this will be the order of their importance ordinarily, but not in all cases: Rest; internal cleansing; diet; Hydrotherapy, local and general; heat; massage; spinal manipulation.

Internal Cleaning

This treatment is useful at other times in case of headache. Whether the bowels are or are not removing from the body their quota of waste material an occasional internal cleansing is a health-promoting factor. In headaches from constipation and various digestive disorders, this will also stimulate peristalsis and hasten onward the contents of the upper portions of the colon. In this way one wall secure a good cleansing of the major portion of this "disease breeding" but necessary organ. But usually colonic irrigations should be taken as a direct headache treatment. After the bowel is emptied relief will usually follow shortly in headaches from digestive disorders and especially in constipation headaches and those resulting from flatulence and intestinal indigestion; also in other headache where there is an unsuspected factor of toxemia.

In severe constipation the enema should also be taken daily for several weeks. In other cases a colonic irrigation may be taken, on alternate days to once a week. But in an attack of headache the enema should be taken immediately at the onset, and again after three or four horns if the headache continues. It is sometime necessary to repeat immediately the enema in Order to clear the bowel satisfactorily. Avoid too long retention of the enema, especially in severe constipation and headaches from intestinal toxemia, as the long retained water favours absorption of toxic elements from solid waste plugs that

have been harmless before. Two or 3 minutes is usually long enough, and not over 5 minutes should be allowed before the enema is expelled.

Hydrotherapy: The use of water in the treatment of various disease conditions has become practically a science, and if it were more frequently used in the homes practically every form of disease could be entirely removed or greatly mitigated. A book on hydrotherapy should be consulted if specific treatments for all diseases are desired." - Bernarr Macfadden, in "Headaches, How Caused and Cured", 1925.

History of Migraines

"How long have migraines been around? Contrary to the beliefs of many, migraines are not a new disease, only a newly-named. In fact, based on the symptoms, it appears that migraines are among the oldest diseases known to mankind.

Hippocrates also attributed migraines to vapours making their way up to the head from stomach and thought that the headache pain could be relieved by throwing up.

Headaches have long been attributed to digestive disturbances and to the flow of bile, one of the digestive juices. Almost 2,000 years ago the Roman physician Galen commented:

> *"How constantly do we see the head attacked with pain when yellow bile is contained in the stomach: as also the pain forthwith ceasing when the bile has been vomited."*

Hippocrates, attributing migraine to vapours rising from the stomach to the head, realised that vomiting, when possible, could partially relieve the pain of headache.

The vomiting attacks of childhood, often migrainous in nature, are still referred to as "bilious attacks". - in "migraineandheadaches.com"

1 in 7 People suffers from Migraines

"Migraine is the 3rd most common disease in the world (behind dental caries and tension-type headache) with an estimated global prevalence of 14.7% (that's 1 in 7 people)." - Steiner T. J. et al., in "Migraine: the Seventh disabler", The Journal of Headache and Pain, 2013.

*"**Migraine is more prevalent than Diabetes, Epilepsy and Asthma combined.**" - in "Headache Disorders – not respected, not resourced", All-Party Parliamentary Group on Primary Headache Disorders, UK, 2010.*

*"**In the majority of migraine patients, there is some fault in the gastro-duodenal-hepatic chain.**" - H. A. Hare, in "A Text-Book of Practical Therapeutics, with Especial Reference to the Application of Remedial Measures to Disease and Their Employment upon a Rational Basis", 1912.*

*"**Diabetes and migraine often occur together, digestive disturbances have long been held to play a part in the etiology of migraine.** All but remarked that these patients often showed a tender liver, subicteric tinge to the complexion and discoloured stools, and the term bilious attack is often used to describe what is in reality migraine. During the last 15 years the hepatic origin of migraine has been studied in France, and 2 sets of facts have come to light. One show that **biliary stasis can provoke an attack, and the other that liver deficiency predisposes to the condition.**" - Maranon, Parhon, Aubertin, in "Bull. Soc. de Therap.", No.7, 1936.*

Migraine and Intestinal Stasis

"Einhorn (JAMA 20 Oct. 1917) discusses the relationship between these two conditions, and mentions the frequency of migraine, dizziness and headache in the various forms of chronic constipation; however, the interesting point in this article is the method of treatment which the author adopts.

He points out that it is necessary, as is well known, to correct any underlying fault that is in the system.

Apart from this he recommends the following procedures:

During the attack, no nourishment should be taken, or only very little liquid food; and a mild aperient or a saline enema should be given. Injections may be given to wash out the bowel. In a day or two the migraine is over and the patient returns to normal, and then we decide about other measures to adopt to prevent, if possible, the return of migraine. If we succeed in eliminating all the causative factors, the migraine will not reappear; but, if we cannot do that, we can at least cause the attacks to be milder and less frequent.

Constipation in many instances is due to a one-sided diet, but the author urges plenty of vegetables and fruit.

Regarding the question of cathartics and laxatives, he simply mentions the well-known combination, including the use of the combined agars, such as phenolphthalein agar, and rhubarb agar; olive oil injections are mentioned in cases of spastic constipation." - "Progressive Medicine", Vol. IV, 1918.

> *"Changes in the motor activities of the gastrointestinal system, result in duodenal stasis. This promotes the absorption of the allergens to which the patient reacts in his inherent pattern of migraine." - Gordon 1942, p.556.*

A Causal Link Between Recurrent Abdominal Pain and Migraine

"The wide variety of descriptive labels applied to the patients with recurrent abdominal pain reflects our ignorance of the pathogenesis of their symptoms: "the irritable bowel syndrome of childhood", "spastic colon of childhood", "nonorganic recurrent abdominal pain", "psychogenic abdominal pain", "abdominal migraine", or "periodic syndrome".

These labels, however, have only obscured the fact that the recurrent attacks of abdominal pain are closely related to and probably identical in pathogenesis with typical migraine.

In conclusion, recurrent abdominal pain may be an early expression of migraine.

Our data provide further evidence for a causal link between these two conditions". - I. Mavromichalis, in "Journal of Pediatric Gastroenterology & Nutrition", Vol. 24, Iss. 3, March 1997.

The Gastrointestinal Origin of Migraine

"Gastrointestinal disturbances including nausea, vomiting, abdominal cramps, or diarrhoea are almost universal.... The most common reported symptoms associated with migraine were pain, nausea, problems with vision, and vomiting. Nausea occurred in more than 90% of all migraineurs; nearly one-third of these experienced nausea during every attack. Vomiting occurred in almost 70% of all migraineurs; nearly one-third of these vomited in the majority of attacks." - Silberstein, 1995, p. 387.

Modern medical science has acknowledged the rediscovery of the abdominal connection in migraine in various ways. The most obvious is the creation of a diagnostic entity called "abdominal migraine."

Abdominal migraine is diagnosed most often in children.

Following is an example of a recent research study of abdominal migraine in children:

> *"A consecutive series of 31 children (median age 12 years) suffering from migraine with (n = 21) or without (n=10) aura underwent endoscopic oesophageal, gastric and duodenal biopsy in order to determine whether the complaints were of gastrointestinal origin. Of these 31 children, 13 (41.9%) showed esophagitis, 16 (51.6%) gastritis of corpus, 12 (38.7%) antral gastritis and 27 (87.1%) duodenitis. Thus, 29 of the 31 children studied had an underlying inflammatory lesion explaining their complaints.... Our findings provide further evidence that recurrent abdominal pain is an early expression of migraine and strongly support a causal link between recurrent abdominal pain and migraine." - Mavromichalis, Zaramboukas, & Giala, 1995, p. 406.*

> *"In fact, for over a year, the enemas had to be resorted to every time the pockets in the colon became filled up. This was always indicated by a reappearance of the headaches. There were other danger signs, such as sore teeth and sore neck glands." - Lillian Taylor in "Clean Up the Blood Stream and Live", 1944.*

"The estimated prevalence of gastritis in the general US population is approximately 50%. Patients with gastrointestinal disease often present to the primary care practitioner with dyspepsia and abdominal pain.

Osteopathic palpatory evaluation suggests that there is an

association among gastrointestinal disease, the presence of posterior midthoracic pain, and chronic headache. On the basis of findings from a review of the literature, the author assesses the potential aetiologic mechanisms of this clinical association. Possible mechanisms include the physiologic function of the vagus nerve, a neural convergence model, and the inherent properties of Helicobacter pylori.

To demonstrate the clinical significance of these mechanisms, the author presents the case of a 30-year-old woman with headache, thoracic discomfort, and gastritis associated with H pylori infection. The author suggests that successful treatment of patients with gastrointestinal disease includes osteopathic manipulative treatment, behavioural modification, and pharmacotherapy, even when challenged by antibiotic resistance." - in "Journal American Osteopath Association", 2013.

> *"Small enemas of very cold water, are very effective in the hyperaesthesia (excessive physical sensitivity) of the rectum sometimes found associated with neurasthenia (lassitude, fatigue, headache, irritability and emotional disturbance) and hysteria". - Dr Henry Illoway, MD in "Constipation in Adults and Children", 1897.*

> *"Migraine is characterised by recurrent attacks of headache that typically last 4 to 72 hours. The headache is usually a unilateral pulsating pain that is aggravated by movement and is usually of sufficient severity to disturb or prevent daily activities. It is frequently accompanied by nausea, vomiting, or other gastrointestinal disturbances." - in "Martindale" 38th Edition, 2014.*

"**Headache:** This distressing complaint may be attributed to many causes. It is the inward manifestation of a deeper-seated disease. Usually the cause will be found in the

stomach. There is something in that organ which does not belong there, which is irritating the nerve that connects the stomach with the brain, called the pneumogastric nerve.

It is one of the symptoms of dyspepsia, and a common result of indigestion. An overloaded colon is one of the most prolific causes, on the same principle that it causes paralysis and apoplexy. To relieve an attack, flush the colon thoroughly." - Jas. W Wilson, in "The New Hygiene", 1893.

Migraine and Chronic Intestinal Stasis, Their Relationship and Treatment

"By migraine is meant a condition characterized by severe attacks of headache that occur at varying intervals, with periods of freedom between the attacks.

The headache is usually followed by vomiting, either of plain gastric fluids or contents, or of bile, "bilious vomiting."

After vomiting, the patient usually feels better, the attack gradually subsides, and there is an interval of freedom from the trouble for 1 month or 2, or it may be for only a week.

The term "Intestinal Stasis" was first applied by Lane to a condition in which there is a delay in the onward movement of the intestinal contents, accompanied by symptoms of a neurotic type.

Formerly, instead of intestinal stasis we spoke of habitual constipation.

In constipation we find occasionally a great number of nervous symptoms:

1. Dizziness
2. Lack of Concentration of the Mind
3. Insomnia
4. Etc...

This combination of nervous symptoms and delay in the onward movement of the intestinal contents and action of the liver is considered by Lane as "intestinal stasis"; by others, the same picture is designated as "constipation with nervous phenomena."

Symptoms

In migraine it is characteristic that the headache comes on suddenly, in the midst of perfect health, although there may be a premonitory stage of short duration.

Sometimes the headache is followed by a defect of vision; some persons have a glimmering light in one eye, or they cannot see well with one eye; the headache is usually in one part of the head.

That is why it is called migraine, from the Greek hemicrania (on one side of the head).

The headache is quite usually severe, so that the patient cannot work and may have to go to bed, and with it there are disturbances in the upper part of the abdomen, followed by nausea and vomiting, and if there is nothing in the stomach then ultimately bile comes up. After vomiting and purging, the patient feels relieved, and there may be a period of freedom for quite a while. Patients with migraine may be in good condition and apparently perfectly well ; or they may belong to a group which suffers from enteroptosis and weakness, and are thin, anaemic individuals.

They do not feel well between the attacks, they cannot work much, their appetite is not good, and they are constipated ; but these complaints are of minor degree and do not incapacitate them. Among the abnormal conditions may be some disturbances of the vision, or disturbances of the abdomen or of the genito-urinary organs.

In chronic intestinal stasis or simple constipation with nervous phenomena, the bowels do not move well without resort to some aid. Besides the constipation, the patients also complain of a variety of symptoms, sleeplessness, headache, etc. The headaches are not severe like those of migraine, but are mild and come on almost daily, particularly in the

morning. Then there may be slight dizziness, and the patient cannot concentrate his mind and cannot do the same amount of work as formerly. His appetite is poor; sometimes there is nausea, and sometimes there is a fear of going out alone or of going to church.

These nervous phenomena may be exaggerated; sometimes the constipation is associated with melancholia. That is not an infrequent combination. Constipation exists also in a high degree in the insane. In regard to the connection of these conditions, some physicians say that constipation is at the root of these troubles, causing even insanity.

Etiology and Treatment

French writers have given us the theory of autointoxication. Bouchard was the first to advance the theory that poisons form in the body which give rise to these disturbances.

Any organ which is at work creates waste products which are deleterious to the system, provided they stay there.

Usually the system eliminates them. If one does manual work, the muscles use up some of their material and produce also waste products.

Naturally, these waste products are removed, being eliminated during the period of rest, so that no disturbances originate. It is the same way with all the organs of the body. In the brain, for instance, reading or writing creates waste products, just as in any machinery; there is a by-product that has to be eliminated.

Our organs are so arranged that the body normally is easily rid of these waste products, and no symptoms arise.

If we go a step farther we can see that if the required period of rest is not given, if the work is kept up too long, the waste products accumulate in a greater degree, and they are not eliminated in a complete manner.

For instance, if a person can work 6 or 8 hours every day and his organism is so arranged that he can rest in 9 or 10

hours, and he then works for 12 hours a day and does not get the required rest period, the system does not get the needed rest, and disturbances arise.

These disturbances may be considered as the defensive mechanism of the organism.

To apply this theory to migraine: If there is a mental strain going on in some way, the patient doing too much work, reading or dancing, or taking part in too many social happenings and not sleeping or resting enough, the brain does not get sufficient rest and does not have time to regain its normal condition.

Some waste products accumulate, and every day there is an increase in their amount, so that ultimately there is a catastrophe. The body tries to create something that will compel the organism to rearrange matters, and there is a spasm of the blood vessels on one side of the brain which makes itself felt as a hemicrania.

The patient has a headache due to that spasm and has to lie down and rest more; during this time the restoration of function of the brain is completed in a normal way, and elimination takes place. The headache is then relieved; a relaxation of the blood vessels takes place and re-establishment of equilibrium ensues.

Elimination can be helped by emptying the bowel.

The eliminative organs are the kidneys, skin, lungs, liver and digestive tract. The waste products are first taken up in the blood. How does the brain, for instance, get rid of the accumulated waste that must first be taken up by the blood? The veins do their share first. Part of that blood goes to the liver through the arteria hepática. I do not speak here of the portal vein. The latter lies there as the barrier to prevent anything from passing through into the blood which comes directly from the digestive tract. That brings something for the liver to work on; but the digestive tract has also the power to eliminate.

If the patient takes a cathartic or vomits, a part of the accumulated waste products is eliminated. The gastric juice is not only a secretion but also an excretion; it is excreted through the stomach. Sometimes urea can be excreted

through the stomach, and still more through the liver.

The bile brings down the excretory substances of the liver and empties them into the intestinal tract.

If a patient has a migraine and we give him cathartic, he has a greater flow of bile and the elimination is increased, and vomiting and purging clear out the system. Lane said that if there is some delay in the motion of the contents of the bowel, and this is especially true in cases of enteroptosis when there is a prolapse of the colon and an irregularity in the position of the colon, which creates an autointoxication, this is the cause of the troubles associated with constipation, as sleeplessness and headaches, and also of many other ailments, such as chronic rheumatism and gout.

Treatment

During the attack, the desired rest must be secured for the patient; if possible, in bed. No nourishment should be taken, or only very little liquid food; and a mild aperient or a saline enema should be given. In a day or two the migraine is over and the patient returns to normal, and then we decide about other measures to adopt to prevent, if possible, the return of the migraine.

If we succeed in eliminating all the causative factors, the migraine will not reappear; but if we cannot do that we can at least cause the attacks to be milder and less frequent.

In habitual constipation, or intestinal stasis with these nervous phenomena, it is of first importance to reassure the patient by telling him that in case he is constipated no harm has been done to the system. We must take away the fear of poisoning.

The patient should be told to eat, but not to overwork, and his bowels will move all right ; also to go to the toilet every day at the same hour, in order to re-establish the habit that has been lost. In many patients constipation is due to a one-sided diet, and they have to be taught a proper diet.

They should be urged to eat plenty of cereals and vegetables and fruit, and plenty of salads. The more indigestible food these patients take, the better. It increases

the activity of the digestion and augments the peristalsis. If they are given food that will digest readily there is too little work for the bowel to do. **Many patients take too little water. These should be encouraged to drink more water, since drinking water between meals increases the action of the bowels.**

If all this has been done and it is not enough, the question arises whether we are justified in giving the patient cathartics. Mild aperients are rational. If the patient does not do well enough with dietetic measures, we must resort to other means. As mild cathartics, I would consider cascara sagrada or tincture of rhubarb, 15 grains twice a day; also small amounts of licorice powder. These remedies can also be employed in combination with agar-agar.

Agar alone is sometimes sufficient. It is a substance which takes up fluid and does not give it up readily, but retains some of it. **Constipation is sometimes due to the stool being too dry.**

The water has been taken away by the digestive tract, the excrement is too dry, and the peristalsis cannot push it along easily. Therefore, if agar is given, which is not digested in passing through the tract, it takes up fluid and lubricates the faecal matter and gives it a more moist character and appearance. It is helpful to the bowel and eases the movements, so that it can be given in large quantities. But often this is not enough, and the combination of a mild cathartic remedy with it is beneficial. The idea of using the cathartic remedy in this way is that instead of being absorbed in the stomach it is carried along farther in the tract. The agar has the advantage that if the remedy is incorporated with it, the remedy does not act too quickly but emerges slowly along the entire digestive tract by the process of osmosis.

That is why these mild cathartic remedies incorporated with the agar act so much better than either alone. In this way one can give phenolphthalein-agar or rhubarb-agar with great benefit. The principle with all these remedies is that instead of increasing the quantity the patient should be told to take a little less gradually from day to day or week to

week, so that ultimately he may not need to take anything; but if the patient does not succeed in this, there is no harm in taking a little once in a while. No one should be operated on for these conditions unless there is some organic lesion present. If there is a stricture of the colon there are sometimes fever and vomiting, and an operation may be required; but not with these symptoms of plain, habitual constipation. In such cases an operation is not justified.

I well know that my remarks conflict with the views of others.

These are my views, and I assure my colleagues that my experience leads me to state that they can relieve without operation their patients suffering from constipation.

In treating patients with habitual constipation, saline enemas may be used, and olive oil injections may be given. The latter is especially good in spastic constipation, when the faecal matter is hard and dry.

An injection of from 150ml to 200ml of olive oil may be given, and left in the bowel over night. This treatment may be continued for 2 or 3 weeks every night, and then it may be given every other night for a few weeks. That is apt to cure the patient.

Klemperer has given water instead of oil with good results, but the oil is better. It is not necessary to give these injections too high up. It is well to have the patient lie first on the left side, and during the night it will flow in. The olive oil should be used at blood temperature. All these measures are more or less reassuring to the patient, and act subjectively as well as directly. Agar gives a satisfactory result." - Dr Max Einhorn, MD in "JAMA", 20 October 1917.

Etiology and Treatment of Migraine

"Of all the common and much-dreaded nervous diseases we recognize, none are less perfectly understood than migraine; nor is there any other nervous disorder which is so disastrous to the physician's ability for effectual treatment. Under the title I wish to be understood as

excluding neuralgia, neuritis, headaches due, proximately, to improper alimentation, nervous exhaustion or brain fatigue.

I would exclude the head pains as not migraine that are cured by merely correcting ocular or nasal abnormalities.

Heredity as a Factor

By far the most frequent and constant individual etiologic factor in migraine is heredity. Clinical facts teach that transmitted conditions continue throughout many generations and render easily possible the evolution of migraine under suitable conditions. Just what these degenerative stigmata are we do not know, but there is a preponderance of evidence locating the disorder in the nervous system.

I believe it has a pathologic entity susceptible to and having an affinity for certain toxic elements in the circulatory system.

The nerve cells, bathed in the life current, hold out against these ptomaines until their cumulative strength, overcoming the normal resisting powers of the individual, culminate in an explosion. These nerve storms are denominated migraine. They appear periodically, their frequency being determined by the vulnerability of the tissues, intensity of the ptomaines and contributory influences known as reflex causes. The transmissibility of conditions favouring migraine is evidenced by its appearance in early childhood and its unabating continuance till after the middle third of life.

The Results of Toxins

As a result of tissue metabolism, toxins are a constant element in the system common to all. These become an irritant only under conditions of improper elimination. Toxicity of the ptomaines is one of quantity rather than quality. Contributory causes arise from our indulgence of the palate, and the improper functional use of any part of the physical organism. The sufferer from migraine

anticipates the onset and very often designates the particular indulgence or incident that precipitated the attack.

For a short time after the nerve storm has passed, the system is comparatively immune, for the same causes that operated to precipitate the attack are indulged with impunity until the system is again surfeited with the ptomaines.

The interval between paroxysms varies with each person, and the same person may increase the frequency of attacks by the improper exercise of one or many individual privileges.

The person who is normally accustomed to a migrainous seizure once in 4 weeks may, by dissipation, mental strain, worry, or loss of sleep, have an attack more frequently.

The Relation to Epilepsy

The etiology of migraine is quite as obvious, and the transmissibility of conditions favouring its development are more constant than the causes and conditions producing epilepsy, which we all recognize as closely related to migraine.

It is not uncommon to see migraine and epilepsy transposed in the same individual, and often in members of the same family.

The interchangeableness of these two disorders, indicated to us by the masters in medicine, does not obliterate certain individual characteristics in which they are wholly different. Possibly the attacking forces are the same in each; but meeting different conditions, there results in one a sensory and in the other a motor psychosis.

Alexander Wallace in "The Lancet", 14 January 1893 says:

> *"Migraine is believed to be due to defective or insufficient excretion, partly of the liver, but mainly of the kidneys. The severity of the headache is directly proportionate to the acidity of the gastric fluids."*

"Migraine is Attributed to two Principal Causes:

1. Poisoning of Gastric Origin
2. Cerebral Fatigue." - W. Heind in "Provincial Medical Journal", 2 Oct. 1894.

"Migraine is regarded as a toxemic condition, the toxins (probably albumoses) being absorbed from the gastro-intestinal canal." - C. E. Herter, in "Journal of Nervous and Mental Diseases", January 1897.

"The occurrence in migraine of almost constant vomiting, frequent attacks of diarrhoea, and polyuria or increase in other secretions is proof that many cases of this affection depend upon intoxication." - W. Stekel, in "Wiener Med. Woch.", 13 Nov., 1897.

Less has been said, however, about those originating within the human economy becoming disease producers when allowed to accumulate beyond certain proportions.

The Common Treatment

In the treatment of migraine, almost as many drugs have been used as equal the number of physicians who have treated the disorder. The principal drugs used are in the main motor depressants or cardiac stimulants.

These have been used separately and in combination, often without any very definite therapeutic purpose, hoping only for relief from immediate conditions. When all else fails morphin will quiet the irritated sensory nerves. Attacks are sometimes aborted, or their intensity lessened, by vigorous acceleration of the blood current during the prodromes.

The good thus accomplished doubtless comes from the more frequent contact of venous blood with radiating tissues.

Treatment Favoured by the the Author

Seeing good results from such treatment led me to believe that diuretics, diaphoretics and hydragogues would materially assist in the eliminative process. We have many well-known drugs that act promptly through these several avenues, but in each case their efficiency is greatly enhanced by water as a diluent. From the inception to the conclusion of a migrainous attack, digestion is practically suspended.

This condition certainly demands the withholding of nutrients with immediate dilution and elimination of the gastric and intestinal contents.

Consent is much more readily obtained for emptying the lower bowel with an enema, followed immediately by High Irrigation with large quantities of hot normal salt solution.

This, with small but oft-repeated draughts of hot water by the mouth, continued from 6 to 12 hours, has given better results in my treatment of migraine than any purely drug medication. Between the attacks, daily and copious drinking of water will do more to lessen the severity, if not prevent recurring paroxysms, than any or all drugs with only a minimum amount of water ingested.

We must also teach them how to eat and warn them against abuse of their already defective nervous system." - Dr J. M. Aikin, MD, Lecturer and Clinical Instructor in the Medical Department, Nebraska State University, in "Etiology and Treatment of Migraine", JAMA, 30 August 1902.

"Constipation aggravates the symptoms, purgation cures the attack, and normal bowel movements diminish the liability to such attacks." - Dr Tjomas R. Brown, MD in "Role of Diet in Etiology and Treatment of Migraine and Other Types of Headache", JAMA, 29 Oct. 1921.

"A Toxic Colon is the Single Aetiological Factor in the Causation of Migraines". - Rui Alexandre Gabirro, Emunctologist

Chapter 14

Causes of Skin Disease

"In diseases of the skin, a clean alimentary canal conduces to a clean cutaneous surface." - Dr Douglass W. Montgomery, M.D., San Francisco, California in "The Journal of Cutaneous Diseases", Vol. XXXVI, 9 Sept., 1918.

Autotoxic Cutaneous Diseases

"Cutaneous diseases are frequent in all auto-intoxicated, but especially in intestinal auto-intoxications.

The question of the influence of the auto-intoxication, caused by abnormalities of digestion, metabolism and excretion upon the genesis of a large number of dermatoses, was recently discussed in Berlin at the last Congress of Dermatology and Syphilography.

The most authorized representatives of modern dermatological science resolved the question affirmatively.

Radcliffe Crocker of London, Duncan Bulckley of New York, Jadassohn of Berne, Brocq of Paris, stated that in a large number of diseases of the skin, the lesions were caused by the cutaneous elimination of toxic substances.

Some act upon the skin by direct deposit, others by irritating the nerve terminations, others finally by their elimination through the cutaneous glands cause their inflammation.

All these causes may, like the intestine, produce toxic substances capable of reacting on the skin and determining in it the same disorders, the same eruptions, in a word, the same dermatoses.

Diseases of the Skin and Kidneys

Lastly, the great emunctories, the skin and the kidneys, may become diseased and incompetent. Here again we will observe a series of symptoms, which, on ultimate analysis, will be found related to digestive auto-intoxication." - Dr. Adolphe Comb, MD in "Intestinal Auto-Intoxication", 1908.

> *"Diseases of the Skin: These usually have their origin in constipation. Relieve the constipation by regular flushings of the colon. Then treat the skin locally by regular daily bathing. An occasional wet-sheet pack is an excellent healer of skin diseases. A careful attention to diet is also essential to a cure. Especially avoid food fried in fat." - Jas. W Wilson in "The New Hygiene", 1893.*

Diseases of the Skin

"Walter L., aged 21, shoemaker. Began treatment September 28, 1911.

He had suffered for the past 14 years with general, dry, scaly eczema, with great pruritus, worse as night.

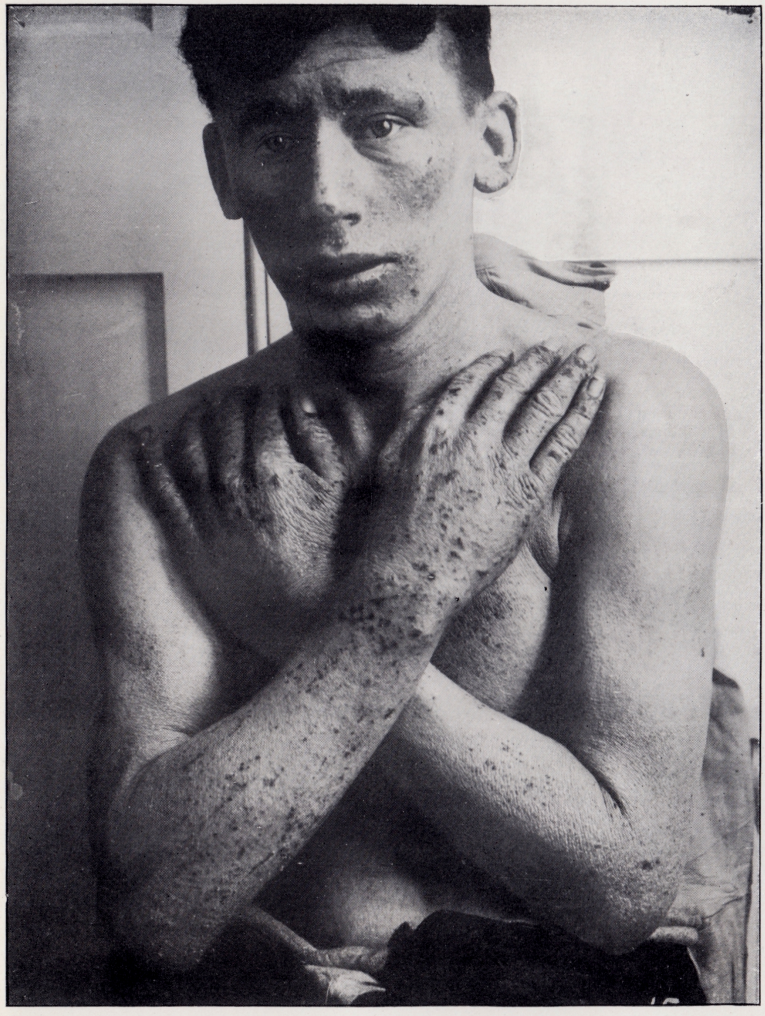


FIG. 18.—Photograph taken October 2, 1911.

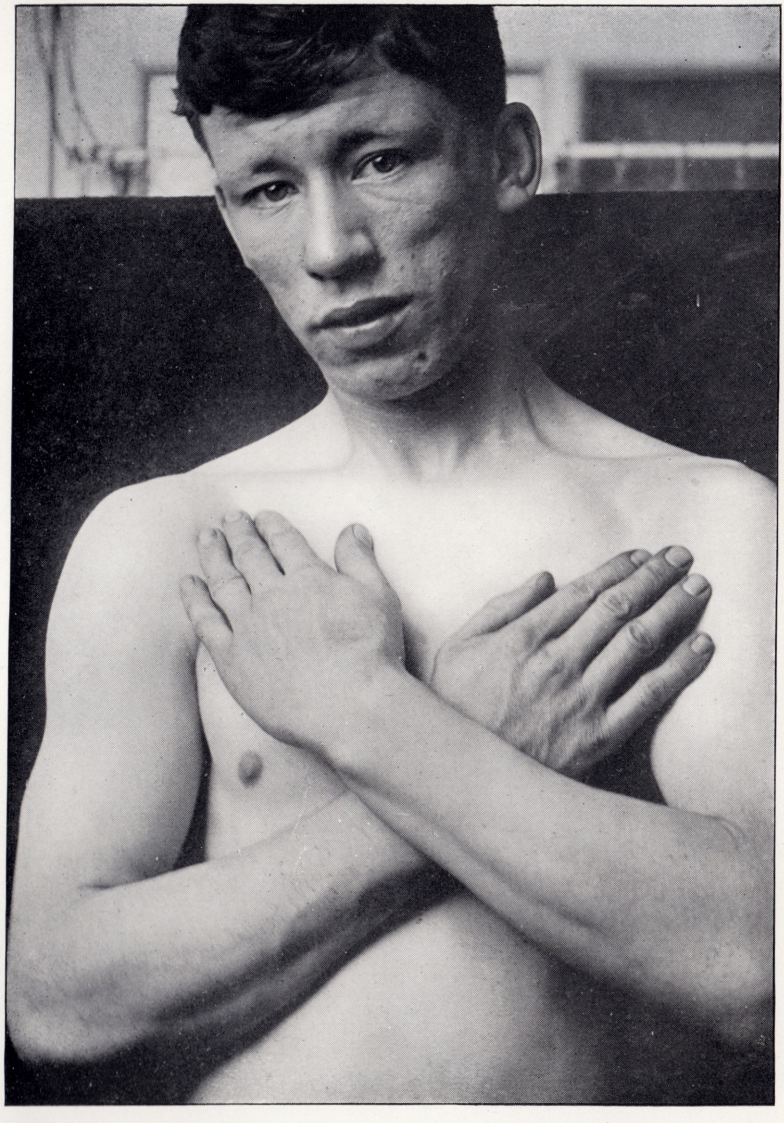


FIG. 19.—Photograph taken July 17, 1913.

He was completely covered from his face to the soles of his feet (figs. 18, 19). He had tried all kinds of treatment at various hospitals, and seen many doctors.

The skin gets quite clear at Christmas time, and continues so till June; and the rest of the year he suffers so that he cannot use his hands in his work, and has been out of work for this reason 17, 19, or even 22 weeks a year.

The hands were so cracked and painful, it was impossible for him to work, the palms were covered with pustules.

By 19 October his hands were so much better that the bandages he had formerly worn were left off.

The itching gradually subsided, and by 7 December had ceased. The skin showed signs of further improvement by the appearance of perspirations, which had long been absent.

The doses varied from 30 c.c. to 1 50 c.c.

He has now been able to continue at his work steadily for a whole year, and this is his best record for about 7 years.

He expresses himself as perfectly well.

Eczema of Elands. Henry G. came to me June 24, 1912.

Fingers of hands only attacked, no other part of body; began 3 weeks ago.

Fingers discharge a great deal, much irritation, cannot sleep for the itching and pain at night, which extends up his arms.

June 27, all itching gone, sleeping well. Repeat 10 c.c. Photographed on July 8. Cured in a fortnight ' (Figs. 20, 20A, 21, 21 a.) Psoriasis showing rapid recovery.

John S., age 11, showing characteristic patches, well seen in the photograph taken 29 February 1912 (figs. 22, 24).

FIG. 20.—Photographed June 25, 1912.

FIG. 20A.—Photographed July 8, 1912.

FIG. 21.—From M. Quinton's collection.

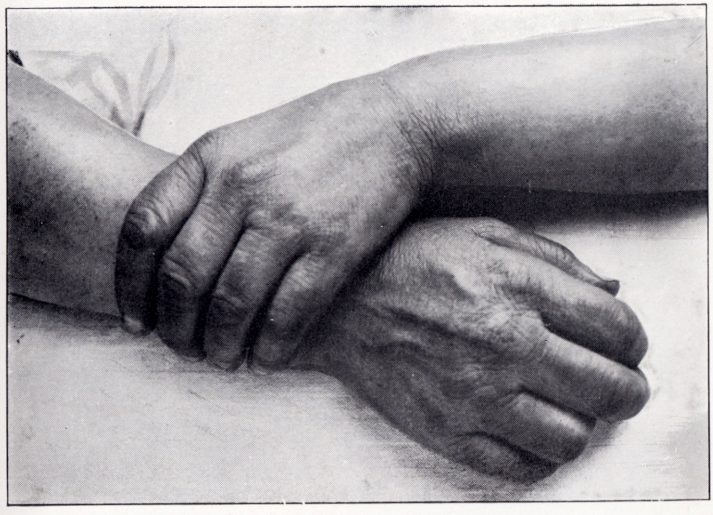


FIG. 21A.—The same, five weeks later.

He was given doses beginning with 50 c.c., increasing to 200 c.c., three times a week.

On April 15 he was again photographed (figs. 23, 25), the skin showing only staining where the patches had been; and this quickly disappeared by continuing the treatment a little longer.

Matthew R., aged 63. Had suffered from psoriasis for fifty years ! His father was an alcoholic. He had tried all kinds of treatment but nothing did any good.

He was covered with the large characteristic scaly patches over various parts of his body and limbs (fig. 26). He was given 50 c.c., and increased to 500 c.c. twice a week.

FIG. 26 —Photographed September 27, 1912.

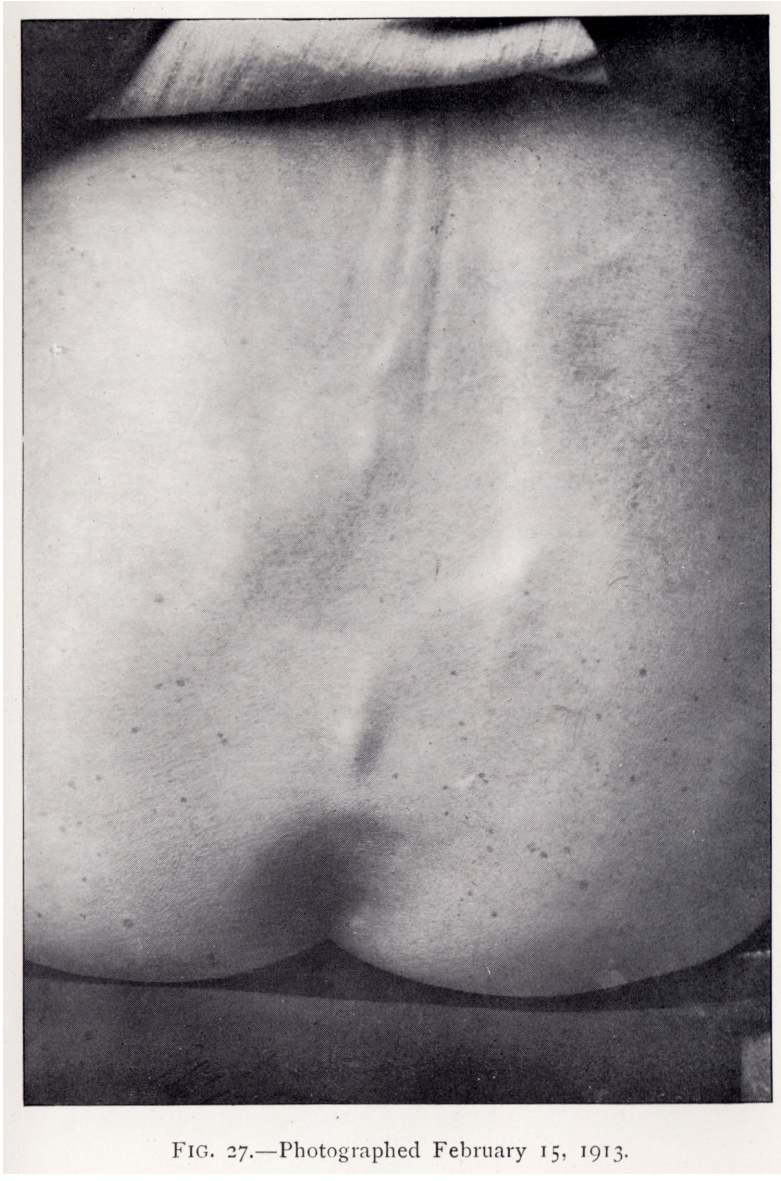


FIG. 27.—Photographed February 15, 1913.

The pruritus soon became less, and general improvement was experienced.

By 9 January 1913, all patches had completely gone, and the skin became absolutely clear (fig. 27), and he expressed himself as never having felt so well. Acne Rosacea, associated with Chronic Dyspepsia with Constipation.

Rose P., age 28, domestic servant, came May 30, 1913- She had suffered for ten years from a most disfiguring pustular eruption about the nose.

She has frequently been out of service, owing to this disfigurement. She had consulted many doctors and also attended Westminster, Leicester Square and Fitzroy Square Hospitals.

She complained of pain after all food, flatulence and constipation." - Dr John Roberson Day, MD in "Sea-water Treatment", 1914.

Skin lesions due to Toxemia

"Many skin lesions are due to toxines or Toxemia and in these instances also the powerful Emunctorial Stimulation afforded by Hydrotherapeutic measures can he called to aid." - Dr William Hermann Dieffenbach, MD in "Hydrotherapy: A Brief Summary of the Practical Value of Water in Disease", 1909.

Skin and Psoric Conditions

"Dr Christian Friedrich Samuel Hahnemann, MD (1755–1843), founder of Homeopathy, concluded that Poisoning from certain organisms in the Intestinal Tract was the cause of chronic diseases and that on the removal of theses Toxins the chronic complaints disappear.

Hahnemann found, that many chronic ailments which are enumerated in pathological works under distinct names, originate, with few exceptions, in this widely ramified psora.

All skin manifestations and conditions; almost all adventitious formations such as swelling of the glands, sarcomatous and carcinomatous tumours; deformed bony structures; haemorrhagic tendencies; all suppurations; functional disturbances; nutritional disturbances; **all of the acute disease manifestations; all these conditions Hahnemann traced to this source and classified under the head of psora.**

It is characteristic of the skin in these conditions that there

is considerable itching, for psoric conditions always itch.

In fact, not only was psora considered the mother of all diseases, but it might well have been considered as the source of almost all subjective symptoms, especially those described by the patient "sensation as if".

In appearance, the psoric patients are the "great unwashed"; bathing is unwelcome and worse the roughness of the skin and the irritability. In all psoric conditions, itching is a persistent symptom.

There is very little suppuration; there may be a few vesicles or a papular manifestation. Psoric eruptions are not noticeable by their colour, but by the roughness of the skin.

Unless there is marked inflammation they are the same colour as the skin. With the dry skin, there is a decided tendency for fine, thin scales; the eruptions dry down and scale off.

Erysipelatous manifestations are a combination of psora and sycosis. If there is any syphilitic taint in combination with the psoric base, the patients are very apt to be susceptible to impetigo, for this is the soil in which impetigo flourishes; without these united taints a patient will not become infected with impetigo." - Dr H.A. Roberts, in "Principles and Art and Cure" 1936.

Jaundice

"Intestinal Irrigations, methodically carried out, one to have, according to Krull (Mosler-Krull, Berliner klin. Wochenschrift, 1877), given most excellent results in Jaundice. There is a rapid abatement of all the annoying symptoms". - Dr Henry Illoway, MD in "Constipation in Adults and Children", 1897.

> *"Food is the medicine of Health and Medicine the food of Sickness." - Oliver Wendell Holmes, in "Medical Essays", 1891*

"When a patient has developed Jaundice it is essential before recommencing the therapy to get the Excretory Apparatus of the body into a healthy condition." - Dr David Lees, FRCS in "The Toxic Effects of Arsenobenzol Treatment and their Prevention", July 1925

The control of Health after Eczema and Psoriasis

A Study on the Nutrition and Health of the Skin

Nutrition, Health, and Disease

"The development and maintenance of the normal tissues are largely dependent on nutrient substances absorbed from the aliment. Assimilation is the final and most essential part of nutrition; but the complexity of the nutrient molecules passed into the lacteals, transferred to the circulation, probably acted on by enzymes from the glands of internal secretion, and finally forming a chemical union with the protoplasm of the cells, is beyond comprehension at present.

In the nutritive process, the chemical reduction of the food and the course of the aliment through the digestive system has been described as being nicely correlated. (W. B. Cannon in "The Mechanical Factors of Digestion", 1911)

All 3 phases of nutrition: Digestion, Absorption, and Assimilation, bear a similar relationship. In the passage of the aliment, through the digestive system, it is finally moulded in the colon to form the faeces. Various forms of the faeces and varying periods that a marked meal takes to pass through, the alimentary canal have been described, but one form and one rate are evidently normal, and these are indices of normal absorption and nutrition.

Normal nutrition is the most important factor in the development of a healthy body. When the indices oft normal absorption are recognized and applied, health becomes a more exact state; because it is one that must be continuously built up by nutrient molecules derived from the aliment in

passing through the digestive system within the limits of normal absorption. Under these circumstances, a reserve of health seems to be acquired which enhances the factors of safety in the body.

There appear to be many factors in the food consumed and the mode of living of man that diminish the digested products the body recovers from the aliment and produce deficiency disorders. Without the recognition and correction of these early and slight disorders, the reserve is not generally maintained; and with malabsorption becoming progressively worse, the factors of safety in the tissues are little by little expended, the weakest tissue becomes exhausted, compensation is no longer possible, and a recognized metabolic disease-becomes apparent.

The deficiency thus created acts like an injurious agent, and is evidently an unrecognized cause of some of the metabolic diseases. Consequently, the cure of disease and the restoration of health is not so much a matter of knowing more about disease as it is of understanding and regulating a state of health.

The understanding and restoration of this state of health is brought about for the most part by educating patients how and what to eat, the requirements of the body for rest, and when exercise is beneficial.

The purpose of such a health program is to elicit the complete action of a peculiar, yet apparently essential, part of the digestive system, the proximal colon.

This secondary digestive pouch is in a very delicate state of balance, because it is formed by pulsating constricting rings; and yet when acting normally moulds the intestinal contents into discrete masses that compose the normal feces, and thus serves as a readily determined control of nutrition.

The regulation of the aliment to illicit this complex and sensitive mechanism of nutrition resembles some what the dietary measures applied in diabetes mellitus; the exception being that in one an earl and functional disorder of the digestive system is recognized and corrected, whereas in the other, dietary adjustments are made from the remote results of damaged tissue.

The Nutrition of the Skin

The precise and automatic control exercised over nutritive material by the proximal colon affords the a means of determining malabsorption and metabolic disorders. Various dermatose are supposed to be of metabolic and many aetiological agents of intestinal origins have been investigated.

A relation between food factors and disorders of the skin have been noted by many investigators.

Among them Willan, more than a century ago, wrote:

> *"I believe that psoriasis often originates from occasional causes. Food of difficult digestion, too great a quantity of acid fruits. And some improper mixtures of food as milk and fish, are the circumstances to which patients refer the complain."*

Burnett found that the elimination of faulty food factors relieved intestinal indigestion, as determined by the form of the faeces. Intestinal indigestion and malabsorption of this kind were commonly found in patients with eczema and psoriasis, and if relieved for sometime restored them to health. But having acquired a normal skin, many of them again got into careless ways of eating, once more afflicted themselves with intestinal indigestion, and new lesions of the skin appeared. From this deduction it became evident that the only cure of these diseases was the control of health.

Diarrhoea is one of the earliest as well as one of the most constant symptoms. After a while, among other deficiency changes in the tissues, "the skin becomes rough and scaly, showing branny desquamation, and in some cases, a scaly eczematous condition. The hair also falls out easily."

A further relationship between a skin disease and malnutrition is evident in pellagra. In describing one of the most prominent signs of this disease, Goldberger and

Tanner write "the bowels tended to overactivity, there was looseness of the bowels".

And in a comprehensive and detailed study of pellagra by Denton, the skin of the wrists are pigmented, scaly, and atrophied that the papillae have entirely dispeared and the basal layer lies directly on dense fibrosed chorium.

Fours years ago a young Italian had psoriasis for a year. With dietary treatment the skin became healthy in 3 months, and with the exception of a weeks 2 years ago, after an attack of diarrhoea, has remained so since.

Dyspepsia headaches and menstrual pain are some of the minor disorders of which persons speak of being relieved after getting into a state of improved well being.

Patients are too ignorant to learn, have had so much done for them that they can do little for themselves, have ideas of their own about nutrition, or cannot control themselves.

Consequently most of them continue to have intestinal indigestion, metabolic disorders, and eczema or psoriasis.

Conclusions

Normal nutrition is the most important factor in the development of a healthy body.

When the faeces and intestinal rate are abnormal, they are signs of intestinal indigestion; and then if malabsorption begins and becomes progressively worse, there seems to be a failure of the nutrient molecules to reach the tissues, the factors of safety become expended, the weakest tissue is assessed, and a readily determined metabolic disease becomes apparent.

The deficiency thus created acts like an injurious agent, and is evidently an unrecognised cause of some of the metabolic diseases.

Many disorders are supposed to arise from a failure in the transfer of food to the tissues and have been called metabolic diseases." - Francis Lowell Burnett, MD, Dermatological Department of the Massachusetts General Hospital, in "The control of Health after Eczema and Psoriasis", New England Journal of Medicine, 1928.

Treatment of Psoriasis

"Dr. J. M. Winfield. of Brooklyn, N.Y., says that while the parasitic theory of psoriasis has much in its support, the belief that this disease is the expression of some disturbance in metabolism seems to be nearer to the solution of the problem.

Acting on this supposition he has for some years been treating his patients with lactic acid and Colonic Irrigation, assuming that the intestinal autointoxication was an etiological factor of the disease. Lactic acid

disinfects the alimentary canal by its antiseptic action; Colonic Irrigation washes out decomposing matters, stimulates peristalsis, improves the intestinal circulation, relieves passive inflammatory conditions, and increases the skin resistance by improving general health. Analysis of his cases, 40 in number, is given by the author.

In 23 cases the attack was cured and in 16 there was improvement. 30 of the cases had only lactic acid and irrigations; in the other 10 chrysarobin ointment was also used.

The general results were far better than when the other well-known measures were employed." - in Journal of the Medical Society of New Jersey", Vol.9, 1913.

Infantile Eczema and Indigestion

Preliminary Clinical Study with Illustrative Cases

"About two years ago in comparing some then recent clinical experiences, we were struck by the apparent frequency with which the eruption of infantile eczema was associated with a disturbed digestion in a series of cases.

From the dermatologic point of view this association was so common as even to suggest at first thought that the digestive disturbance was always present. Reflection soon showed the fallacy of the idea, as, however frequently this double condition might be encountered by the

dermatologist, the pediatrist's experience proved beyond question that there are many more children without eczema than with it, even in the presence of pronounced digestive disturbances.

The conclusion is unavoidable that the digestive disturbance, even in the eczematous individual, must be regarded merely as an intermediate or contributing factor in the production of the cutaneous manifestations.

This preliminary report of our investigations, which is offered for your discussion, deals then with but that small phase of the general problem of infantile eczema which concerns itself with the limited number of cases in which indigestion was actually accompanied by eczematous inflammation.

Three broad questions presented themselves for study in connection with this limited group:

1. Type of eruption;
2. Character of the concomitant digestive disturbances;
3. Frequency with which a definite type of eruption could be demonstrated to occur in connection with a definite form of indigestion.

The first step was naturally to gather all the facts which each case showed as regarded both the cutaneous and the digestive conditions.

The second step was to scrutinize the combined records in a general way, first from a dermatologic and then from a pediatric point of view in order to determine whether the general conclusions justified a further, more detailed study of the subject." - Harvey P. Towle, MD, Fritz B. Talbot, MD, Departments for the skin and for children, Massachusetts General Hospital, Boston. Paper read in the Section on Dermatology of the American Medical Association, at the Sixty-Third Annual Session, Atlantic City, June, 1912.

Phenomenon in Eczema

"In 1912, Talbot and Towle, from a study of the stools of eczematous patients, concluded that **foods played a considerable part in the causation of eczema; the fats and starches as well as the proteins were concerned.**

In 1916, Blackfan called attention to the association of Eczema with Asthma in children who were sensitive to foods.

McBride and Schorer found that in predisposed persons certain food proteins caused urticaria and erythema.

White noted the anaphylactic phenomenon in eczema, and a year later (1917) he no longer doubted the fact that food constituents (protein, fat and carbohydrate) play some rôle in the abnormal composition of individuals afflicted with chronic rebellious eczema." - Causation of Eczema, Urticaria and Angioneurotic Edemaby Proteins other than those derived from Food: Study XVIII, in JAMA, 30 March 1918.

> *"The majority of physicians treat cases of eczema by intestinal cleansing, such as purges, intestinal antiseptics, and high enemas. Elimination or modification of the offending food resulted in so markedly improving the children's condition that O'Keefe concludes that dietary regulation is essential in the treatment of eczema." - J. Francis Ward, MD, in "Protein Desensitization From the Point of View of the General Practitioner", New York Medical Journal, 20 July 1921.*

Acne Vulgaris

"I know of many young folks, who are habitually constipated, but who do not show any traces of acne. In a general way, however, it may be said that intestinal stasis promotes the absorption of toxins, producing vasomotor disturbances in the skin. Food is also an important factor.

Large amounts of sugars and starches produce fermentation with absorption of irritating products." - Dr Clement J. Hailperin, MD, in "Journal of the Medical Society of New Jersey", Vol.9, 1913.

Chapter 15

Arthritis

"In rheumatoid or focal arthritis gross infective lesions either of the teeth or tonsils are found in about 75% or more of cases, and in many others it is possible to demonstrate definite infection of the intestinal or urinary tract. It is quite possible that the osteo-arthritic joint may become secondarily infected by organisms of very attenuated toxicity. The complete and early removal of the infective focus causes rapid abatement, or even a complete cessation of the articular symptoms." - Dr. F. G. Thomson, MD in "Proceedings Royal Society of Medicine", Vol.19, 1926.

"Food scientists have observed that every person suffering with this disease, has been subject to malnutrition over a long period of years; and they have seen those who have been willing to make radical changes in their diet, substituting the natural foods for the refined and devitalized foods, gradually improve in health." - Lillian Taylor, in "Clean Up the Blood Stream and Live", 1944.

"Nevertheless, it must not be forgotten that the course of rheumatism is more prolonged and a greater drain on a community than is tuberculosis or cancer, due to their higher mortality.

Aetiology

Consider a family of 5 or 6 children giving a rheumatic family history. Perhaps one of the group will develop the

disease.

What causes that one child to develop arthritis later in life?

He may have eaten the same food, lived the same kind of life as his brothers or sisters, and, if his gastrointestinal tract be x-rayed, may show the same type of bowel.

He develops the disease, his brothers and sisters do not.

Factors to Predispose to Arthritis

Foci may be present in the mouth, in the form of abscessed teeth, or pyorrhea with severe pocketing.

Infection of the nose and throat may exist in the form of diseased tonsils and sinusitis; infection of the genito-urinary tract is seldom encountered in women except for pyelitis, but is often present in men in the form of prostatitis, etcetera.

Infection of the gall-bladder and intestinal tract may occur. There may be ulceration of the intestinal tract, an infected gall-bladder filled with stones, or a large, tortuous, and redundant colon with many reduplications and dilated caecum. **The colon may also show marked diverticulitis.**

There may be a history of dysfunction of the gastro-intestinal tract over a long period of time, such as marked constipation.

At times there may be an excessive and inadequately balanced food intake, in which perhaps an excess of starches and sweets are eaten, very few, if any, green vegetables taken, and a resulting inadequate vitamin ration.

This in itself may alter the size and shape of the bowel and bring about a proper arthritic background.

Exposure to severe climatic conditions, such as cold and damp, result in the reduction of local or general resistance and alter the local physiology.

Any of the above factors, being present alone or multiplied, may rapidly deplete the limited reserve due to the attempts of nature to combat these conditions when present.

It is interesting to note how infected sinuses, tonsils, or teeth possibly influence the sensory fibres of the 5th or trifacial or trigeminal nerve, the nuclei of origin, which in the medulla are closely associated anatomically with those of the tenth, or vagus.

Thus, powerful impulses may spill over in their nuclei and so we may have cardiospasm, pylorospasm, and a definite influence on peristalsis of the whole gastro-intestinal tract, and so on.

The above factors, possibly toxic in origin, still continue to be active and may aggravate the fatigue.

This is due to the effort to "carry on" and thus brings about the development of active arthritis with joint manifestations.

Principles of Treatment

"Arthritis is a systemic or generalized disease with joint manifestations." - Concept of the American Committee for the Control of Rheumatism.

The rheumatoid syndrome is related to more branches of medicine in its various ramifications, perhaps, than any other disease except syphilis.

There are few "magic drugs" or vaccines that have cured any arthritic case where a broad program of rest, diet, physical therapy, etcetera, has not been the keystone of the arch of treatment." - Dr Theodore Franklin Bach, MD in "The American Journal of Nursing", June 1932.

Evidence of Colonic Disturbance Chronic Arthritis

"A review of the histories of the chronic cases in which focal infection seems to be the etiologic factor shows a marked incidence of gastrointestinal disturbance. Especially high is the incidence of symptoms referable to the colon.

Many cases show the colon to have been involved long

before the major disability made its appearance, and many show marked coincidence between colon attacks and exacerbations of their major disabling condition.

Further, when the colonic symptoms are improved, their other conditions tend to remit. This is so striking, that it led me to make an especial study of the colon in all arthritics other than acute who have been seen in my office during the past year. A young man, had been suffering from severe colitis for 20 years, since he was 6 years of age, and for 16 years had had a marked arthritis.

> *"It is well known that a true ulcerative colitis may be seen in association with arthritis in quite a large percentage of cases. In such cases the colitis may well be the primary disease and the arthritis secondary to it." - Dr. Joseph C. Bell, MD*

The time relationship between the appearance of the colitis and the onset of arthritis shows to me that the colon was responsible for the arthritis. In addition to arthritis of varying severity, 8 show peptic ulcer or cholecystitis; 4 show cardiac disorders, 3 show pyelitis, and 2 were diabetic." - Dr Elliott M. Hendricks, MD in "The Colon as a Focus of Infection", Southern Medical Journal, 1941.

The Rectal Tract as a Source of Focal Infection

"While much has been written about focal infection with various parts of the body as a starting point, the lower intestinal tract, though frequently mentioned, has been lightly passed over.

In Private Practice, and in my Clinic at the Hospital for Joint Diseases, case after case, of Infectious Arthritis has been observed, where the focus of infection proved to be in the terminal gut (rectum).

Removal of a focus, such as an ulcerated haemorrhoid, fistula or anal ulcer, is followed by improvement in the

general health and frequently by a cure of a distant lesion, providing the changes are not too far advanced.

If elimination of a visible focus does not clear up the distant lesion, it is advisable to look for secondary foci." - Dr Harry Goldman, MD in New York Medical Journal, 15 June 1921.

Colonic Therapy

"The bowel has been known to be a potential source of sepsis in cases of rheumatism for many years, although insufficient treatment has been directed into this channel by general practitioners.

It must not be thought, as it is by some, that a pint of soap-suds in the rectum once a week constitutes the alpha and omega of colonic therapy, however, or is indeed by itself a very helpful measure at any time!

There can be no doubt that many cases derive very great benefit from a course of colonic treatment properly and systematically applied; equally manifest, however, is the fact that in most cases other treatment must be given concurrently to get the best results." - Dr W. S. C. Copeman, MA, MB, B.Ch., MRCP, Hon. Physician, British Red Cross Society's Clinic for Rheumatism, in "The Treatment of Rheumatism in General Practice", 1939.

Clinical Study of the Causation of Arthritis

"Dr. Engel (Deutsche Zeitschrift fur Chirurgie, March, 1924), takes this consideration a step further and shows that a case which appeared at first to be one of tubercular hip disease was really one of cyclical vomiting and acidosis.

In other words, he brings joint disease into co-relation with deranged metabolism.

This is, of course, no new conception in pathology.

Gout is a standing testimony to the association, and arthritis deformans is undoubtedly another exemplification thereof.

The most striking feature of this clinical history is the

regularity with which the symptoms suggestive of hip disease preceded some other affection, usually an attack of recurrent vomiting, but on one occasion an attack of bronchitis with signs of asthma.

Equally remarkable was the disappearance of the hip symptoms after recovery from the associated malady.

It would appear that the vomiting relieved the system from some noxious material which was interfering with the function of the hip joint.

Established; i.e., that there is an increase of acetone bodies in the blood and in the urine, and that the excretion of uric acid is diminished.

In addition, there is an accumulation of certain indefinite toxic substances in the blood.

These toxins are prone to attack cartilaginous tissue and damage it.

When this occurs there is a inaction in the surrounding parts of the joint which constitutes an Arthritis.

Cartilaginous tissue is especially liable to succumb to toxic influences, because it has no blood vessels and obtains its nutrition through the process of diffusion. Cartilage has little power of dealing with toxins." - in "The Medical Echo" Vol.2, No.6, June 1924.

The Colon in relation to Chronic Arthritis

"**The role of the gatrointestinal tracts and its appendages, the appendix and gall bladder, have long beet considered etiological factors in the causation of chronic arthritis.** The removal of an infected gall bladder or an appendix has demonstrated to every surgeon and internist that these organs may cause arthritis and an infection even more insidious and damaging than tonsils, teeth, sinuses, etc. The colon itself has been removed and, in some instances, given astonishing temporary relief from a severe arthritis. The experience gained by colon surgery in chronic arthritis was quite sufficient, to demonstrate a conclusive relationship between the colon and infectious joint disease.

A review of 324 adult private patients treated for infectious arthritis showed 80 cases, who, on careful gastioenterological study, revealed definite abdominal pathology. This survey is based upon an analysis of 80 patients, free of infection in the teeth, tonsils, sinuses, genitourinary and cardio-respiratory tracts and, in fact, free of any source of infection aside from the gastrointestinal tract.

The large intestine is doubtlessly the most common part of the gastrointestinal tract to cause arthritis.

It is interesting to note that the percentage of adult arthritic patients of the intestinal type increases with age corresponding to the time in life when intestinal disturbances are most frequent.

Etiology

Abnormalities have been found in the colon which may contribute etiological factors to a chronic arthritis, viz:

Chronic Constipation: was present in 97.5% of these patients, 2 patients had moderate diarrhea associated with a severe colitis. In most instances the constipation was symptomatic, but in a few it consisted of the delayed bowel movement type. The term "delayed bowel movement type" of constipation has been applied to patients having daily bowel evacuations, but stools which were 2 to 4 days delayed. All of these patients showed marked stagnation in the cecum and ascending colon.

Chronic or subacute Colitis: was observed in 61 of the patients. An increase in joint symptoms was present during the attack, in addition to the usual gastrointestinal disturbances. As the attack subsided, the joint symptoms likewise lessened.

Diagnosis

The diagnosis was made by:

1. Elimination of all other foci of infection.
2. The finding of abnormalities in the large bowel.
3. The results of treatment.

It would seem that in a patient who had had all other foci of infection removed with no joint improvement, a correction of a colonic condition with joint healing would indicate that the intestinal factor was etiological.

Treatment

The treatment of arthritis with the colon as an etiological factor demands the greatest of consideration, perseverance and skill. The joint nursing and management are probably the same irrespective of the cause of the arthritis.

The disease of the joints is a chronic condition, which requires months and not weeks to cure.

The intestinal type of arthritic patient should be observed as carefully as the tubercular case and advised that recurrent attacks will follow any relaxation of colon hygiene.

The diet is an important factor in correcting the chronic constipation and the accompanying intoxication.

Aside from being a diet moderately low in protein content, it should be laxative in type. The foods should be bulky and rather coarse m the atonic type of colon and non-irritating in the spastic bowel. Large quantities of vegetables and fruit are essential in increasing the rapidity of the bowel elimination. The caloric content of the diet should be sufficient to maintain or increase the body weight as needed.

Thorough bowel irrigation, has been of inestimable value in relieving a number of cases who were not influenced by the dietetic and laxative measures.

Many other cases could be cited with equally striking and almost miraculous results. These, however, are sufficient to illustrate that:

1. Proper intestinal elimination succeeded in relieving the arthritis.
2. Relaxation of intestinal hygiene caused a return of the arthritis which was again relieved when the proper

elimination was re-established." - Dr Ernest Clyde Fishbaugh, MD, FACP, 32nd Annual Meeting, American Gastro-Enterological Association, Atlantic City, 6-7 May 1929, in American Journal of Surgery, October 1929.

"The bacteria of the colon are too numerous in variety to enumerate. Some are of value in the body economy, but the majority are **capable of setting up infection anywhere in the system. Among the infections arising from the right colon are diseases of the liver and biliary tract and non-specific infections of the genito-urinary tract.** These are the most common.

It is easy to conceive how long continued absorption of toxins and bacteria into the portal circulation can overwhelm the liver and set up Hepatitis. This infection in time extends into the biliary tract, and cholecystitis ensues with later formation of gall stones. You will recall the classical definition of a gall stone as being a monument to the dead bacillus buried within. Naunyn in "Cecil's Clinical Medicine" Vol. 2 states that 80% of cholecystitis is caused by the Bacillus Coli, which has the power to break down bile salts with precipitation of cholesterin. The recurrence of symptoms simulating cholecystitis after operation is due to the hepatitis which preceded the gall bladder condition.

Cecil's Clinical Medicine states that 50% of pyelitis and cystitis may be traced to Bacillus Coli and that, of these cases, 20% are in pure culture. Ralph Pemberton in "Annals of Internal Medicine" 1932 and Osgood, in their work with the Committee on Rheumatism, repeatedly mention abnormality of the colon in Chronic Arthritis.

A. A. Fletcher and D. Graham in "The Large Bowel in Arthritis", Journal Medical Science 1930, have studied intensively the relief of arthritis when the colon is treated as the source of the disturbance. They have demonstrated by repeated X-Ray films the changes which can be produced in the colon as to tone, length, and chemical reaction, with concurrent improvement on the part of the patient." - Dr Frank Anthony Cummings, MD in "The Colon as a Focus of Infection", The Rhode Island Medical Journal, 1934.

Chapter 16

Atherosclerosis Coronary Heart Disease

"The Lifestyle Heart Trial demonstrated that intensive lifestyle changes may lead to regression of coronary atherosclerosis after 1 year." - Dean Ornish, Larry W. Scherwitz, James H. Billings, in "JAMA, 16 Dec. 1998.

"Chronic diseases from heart disease, high blood pressure, dementia, cancer, and type II diabetes are all linked to insulin resistance. We should rename to the 'carbohydrate intolerance disease." - Dr. Aseem Malhotra, British Cardiologist in "Be Well" 2018.

"One of the results of this replacing of lost cells by dead matter is what is known as arterio-sclerosis or hardening of the arteries.

Our blood-tubes lose their elasticity as the living bricks of which our tissues are built are replaced by inorganic mineral salts, fat or other dead material.

As a result, the lumen, or passage through the blood-tubes, decreases in size, requiring more effort on the part of the heart to maintain the circulation and in consequence the blood pressure rises.

These are spoken of as symptoms of increasing age. But in reality the years we have lived have nothing to do with these degenerative changes.

They are entirely due to the poisonous waste-matter that our cells are continually dumping into the blood-stream." - James Empringham, in "Intestinal Gardening for the Prolongation of Youth", 1938.

Chapter 17

Diabetes

"I think one of the problems that we have with the way we think about many chronic diseases and especially type 2 diabetes is that we "silo it", so we treat diabetes and we treat that separately from your blood pressure and we treat that separately from your cholesterol but those are all connected.
So the things that cause diabetes and the things that cause high blood pressure and cholesterol all the same the other thing is is that we have we quantize these diseases" - Dr James Loomis, MD

"Diabetes is at the root of heart disease, diabetes is at the root of cancer." - Dr Ritamarie Loscalzo, DC

"So when you speak of diabetes, or somebody speaking of heart disease or talking about cancer, one of the first questions to ask: What is nutrition have to do with this? I was on a major committee in 1981, early on diet, nutrition and cancer the first of its kind and in that case there were 13 of us working for 3 years trying to understand what relationship does nutrition have with cancer. I found out for example, that the high protein diet controls the ability of genes, in other words, nutrition becomes more important than genes, more important than genetic background, it's all about nutrition. And it turns out that the nutrition effecting prevention of cancer, or, heart disease, of diabetes it's all the same thing." - Dr T. Colin Campbell, Ph.D.

"Diabetes, if you have depression, your risk for diabetes is double to almost 10 times as great." - Dr Robert Hedaya, MD, in "Functional Medicine for Depressive Disorder", 2016.

The Chief Cause of Diabetes

"Early in 1921, a young doctor named Banting, tell the medical society that he had given up his practice and sold his instruments and everything he had, to come to the University for the purpose of finding out what caused diabetes and he believed he would be able to solve this problem in time to save many who were then dying of that disease.

Distinguished physicians smiled and asked the young man why he thought an inexperienced country doctor could suddenly unravel a mystery which had baffled the most brilliant scientists for centuries. But to poor sick Dr Joe, who suffered with diabetes, Dr. Banting was like the sail of a ship to a castaway on a desert island. After the meeting, the young diabetic offered his services to Banting as a guinea pig.

The first clue to the cause of diabetes was discovered accidentally by Naunyn and Minkowsky at Strassburg in 1890. These investigators removed the pancreas from several dogs, with the object of learning whether this organ is essential to life. After the operation, the animals urinated continually and their excretion attracted swarms of flies, because it was loaded with sugar.

This indicated that diabetes results from the absence or failure of the pancreas. The liver converts much of our food into sugar (glucose). Sugar and gasoline are both carbon (coal) under different forms. Gasoline will not supply energy to a car unless it is exploded by a spark. The discovery that sugar—the liquid fuel of the body—would not burn, but is voided in the urine when the pancreas is removed, indicated that the pancreas normally generates

something which causes the fuel-sugar of the blood to explode.

Insulin has saved many lives. Were it not for this hormone, grass would be green on the graves of some we meet every day. Formerly, diabetes was a frightfully fatal malady. Until Banting discovered insulin, sugar in the urine was a funeral knell warning the victim that he would die within two or three years. Now, by the daily use of this hormone, a diabetic may live as long as those who are normal.

In the first place, diabetics must submitconstantly to drastic dietetic restrictions. Overindulgence in food may cause coma and death.

Joslin, professor of medicine at Harvard, an authority on diabetes, says, "An overdose of insulin is as harmful as an overdose of morphine."

Research reveals that glands which fail to make insulin may be very sick but are not necessarily dead; and just as a body pulled from a river in an apparently lifeless condition may be revived if prompt measures are taken, so laboratory tests prove that these tiny glands of diabetics often are still living, and may be restored.

If a man's arms are tied to his sides and never permitted to move, eventually they wither and become useless.

Moving the limbs also exercises and strengthens the heart; lying in bed for months weakens the cardiac muscles. It is so with all of our organs and glands. Tests prove that the daily injection of insulin into a normal animal enables the islands of Langerhans of a creature thus treated to remain idle and eventually the insulin glands atrophy and be- come useless from lack of exercise, and the animal becomes diabetic and perishes from inability to oxidize the fuel-sugar of its body if the artificial injection of insulin into the blood is discontinued for a few days.

Our glands atrophy from idleness when we borrow hormones from animals, just as a mother's breasts dry up when she gives her baby milk secreted by a cow instead of letting her own glands do the work.

The chief cause of diabetes is not lack of exercise but

toxins from some focus of infection in the system. We know that the body is a commonwealth of billions of cells. Many of these die every hour and others are born.

Therefore, our flesh might live indefinitely, were it not that these cells are continually being injured by their own toxic excreta. This is the real cause of the gradually degenerative changes that we mistakenly attribute to time or age.

Additional poisons are generated lay bacteria that invade teeth, tonsils, and other cavities. But incomparably the worst focus of infection is the colon when the natural protective flora have been lost.

These poisons destroy the cells of the body and their place is taken by lime and other inorganic minerals.

This gradual death called sclerosis eventually stops the heart and every other organ.

Diabetes is "sclerosis" of the islands of Langerhans. When these glands fail to make insulin, the whole body dies.

Ridding your body of pests that poison and kill your glands is better than buying insulin.

When diabetes occurs in children it means the baby was born with defective glands.

When adults wait until their islands of Langerhans are entirely destroyed by toxins, insulin must be used daily throughout life.

But steps should be taken to drive all putrefactive germs from the colon by restoring the normal flora of the lower bowel or eventually heart, kidneys, and other vital organs also will be destroyed." - James Empringham, Sc.D. in "Invisible Friends of the Body", 1944.

Type 2 Diabetes it's a Completely Reversible Condition

"That one important message that you have to remember is that type 2 diabetes it's a completely reversible condition.

Everybody tries to pretend it's some kind of genetic condition you know it's like getting older you everybody wants it but nobody can do it that's not the case at all if you simply go back one generation into the 1970s there was very much less type-2 diabetes.

If you ever look at pictures on the street of you know 1970s New York or something like that what you'll be struck with immediately is how thin everybody is because there wasn't this obesity epidemic there wasn't this type-2 diabetes epidemic.

So clearly it's not a genetic condition, it's not something that we're predisposed to obesity type 2 diabetes, are not something that we have to look forward to when we get old, it's simply not a part of normal ageing. So we have to go back and say what can we do about it and that's where we come in giving these dietary interventions, because the whole problem lies in the fact that we've been looking for pharmacologic solutions, that is drugs and also surgical interventions for a dietary disease, it's all wrong.

You have to use diet, to treat a dietary disease, using drugs to treat a dietary disease is not useful, it's like bringing a snorkel to a bicycle race snorkels are great, but not for a bicycle race! Same thing, drugs have their place no doubt but if you're treating a dietary disease you've got to identify the cause of your disease, treat that and then you will get better, and in fact that's what we saw all the time.

We see this every single day in our intensive dietary management program which is this sort of idea that we need to use these targeted intensive sometimes dietary regimen to make people better not intensive pharmacologic interventions". - Dr Jason Fung, MD in "iThrive! Rising from the Depths of Diabetes and Obesity" Docuseries November 2017

Treatment of Diabetes

"The treatment of cases of diabetes mellitus is practically uniform throughout all, but the individual differences are important in the way of results.

I have always considered that the dietetic and hygienic treatments comprise essentially the important phases of the therapy in this disorder.

Although the physician has been reaching for medical methods of treatment, and many kinds of treatment have been vaunted only to be discarded, the fact remains that the developments in the subject of practical worth have come along dietetic and hygienic rather than drug lines.

It may be stated as a practical fact that the more intelligent and self controlled the patient, the better is the result of the treatment of this disease.

Further, we should not over concern ourselves or our patients that sugar is found, so long as these patients exercise a reasonable care in their diet and general mode of living.

It is well known, too, that such conditions as boils and carbuncles, spontaneous gangrene, acute pneumonia, peripheral neuritis, hemiplegia, cataract, and prevention of pregnancy arc common accompaniments during the course of this disease.

Hygienic

This is very important. Daily baths assist materially in keeping the skin functions active and diminish the liability to furunculosis as well as partially alleviating the distressing pruritus pudendi.

Constipation should be carefully guarded against, because this may bring on a resorption of putrefactive toxins from the bowel, which, having a high content of ammonia, might precipitate coma.

For this purpose I have found Carlsbad salts, rhubarb, and bitter cascara to be efficient.

Dietetic

In the very severe cases where patients manufacture sugar from even proteins and fats. For this purpose, "green days" and "oatmeal days" are valuable. With the employment of these diets no other foods are allowed on such days excepting those mentioned, both of which are nourishing enough to sustain the adult individual for the time being and still serve to eliminate the sugar." - Dr Anthony Bassler, MD in "New York Medicine Journal", 12 October 1912.

"There is a problem with blood sugar in Type II Diabetes. Your body does not tolerate refined or processed carbs or sugar at all." - Dr Rangan Chatterjee, MD in "How to make Diseases Disappear", TEDxLiverpool, 2016.

Chapter 18

Fevers

"Acute fevers indicate that there has been a sudden absorption of unaccustomed poison, or a sudden absorption of an unusual quantity of an accustomed poison.

High fever marks the profoundness of the nervous shock. Where the nervous system is profoundly affected, not infrequently skin radiation is suspended and breathing impeded, causing the heat of the body to run up several degrees. Medical science declares that the high grade of fever means the burning-up of disease-producing debris.

But this is not logical, hence not believable; for the longer the high grade of fever lasts, the more accumulation there will be of waste products, which are carried out of the body as soon as the nervous system reacts, and secretions and excretions are re-established.

Feeding, or the daily intake of food, keeps a fever burning and waste products accumulating until death relieves the sufferer." - Dr John Tilden, MD

Perspiration is to Eliminate

"But one of the best means of relief in cases of Fever is the Hydropathic treatment, or Wet Sheet.

The cold water absorbs the heat from the surface, relaxes the skin, opens the pores, excites the cutaneous glands, and induces perspiration, quicker, safer, and better, probably, than any other reason known.

A few good "packings" in the cold Wet Sheet, of an hour to an hour and a half each, will often break up the worst case of ordinary Fever, and simply, too, upon the ground of restoring a healthy action to the perspiratory organs.

In Fever, I have said, the skin is hot and dry, and there is no perspiration. Let us now look, for a moment, into the cause of all this trouble and derangement. One of the

principal uses of perspiration is to eliminate from the body its worn-out and morbid matter and poisonous substances.

Now, let there be a check of perspiration, from any cause whatever, and what will be the consequence? If it is but slight, we may have unpleasant feelings—Headache, perhaps a Cough, or it may be the Toothache, or Rheumatism, with a dry skin, and more or less Feverish symptoms. The obstruction, however, not being very great, Nature may overcome it in a day or two, and restore things to their normal condition. But let the obstruction be complete, and continued for some time, and then see what follows. In the first place, all the fetid and waste matter is retained in the system, and is distributed by the blood through every part of the body. And this offensive matter is all the while increasing in quantity. Soon it begins to act as an irritant and poison.

The fluids become vitiated; the muscular fibers irritated; then a sort of general inflammation sets in.

Add to this the accumulating heat of the body, which is also very much confined, and you can easily see how we may soon have a Fever. In such case, the suppression of the perspiratory process may be the primary or main cause of the disease, for the retained waste matter of the system will soon prove a sufficient proximate or exciting cause, even of the worst kind of putrid and malignant Fever.If the suppression be permanent and complete, the disease may assume the type of what is termed Continued Fever, in which case it is apt to be more or less malignant in its character. Should it take the intermittent form, however, there will be seasons of relaxation and perspiration, during which a sufficient amount of the waste matter of the system may be thrown off, along with the perspiration, to prevent the disease from assuming a putrescent character. This perspiration, during the intermissions, though it probably relieves the system of much offensive matter, is not a natural, healthy process, but is rather the effect of debility and the relaxation which follows as a consequence, after the excitement of a Fever." - John Gunn, MD in "Gunn's new Family Physician", 1868.

Chapter 19

Rheumatism

"There is no acute rheumatism without more or less irritation of the digestive passages." - Marcq in "De l'Action des Emetiques et des Purgatifs sur l'Economie animate", p. 157.

"There are many varieties of so-called rheumatism. Diathesis - mental and physical predisposition or inclination - is the determing factor. I have learned from observation that those who are inclined to take on tuberculosis will not develop rheumatism, and vice versa.

Inflammatory rheumatism, acute muscular rheumatism, and chronic rheumatic arthritis, are the most pronounced, and to lay people the best known types. But what's in a name? More of harm than many realize; for too many doctors treat names.

There is but one disease; namely, toxemia.

No one has rheumatism, tuberculosis, or any of the so-called diseases, who has not broken down his resistance.

Why laboriously draw a picture of the symptomatology of all the variations? What does it matter if enervation is brought on from one excess or another?

What does it matter which road, of the thousand that lead to Rome, you travel? When you arrive you will be in Rome, won't you?

Rheumatism is a symptom of a constitutional derangement, or it is a symptom caused by other symptoms which have been caused by a constitutional derangement.

Toxemia is the constitutional derangement that is the "First Great Cause," directly or indirectly, of all so-called diseases.

How is Toxemia to be Overcome

By learning to live a normal life. All enervating habits of mind and body are to be corrected; then health will return.

Forget the idea of cure. There are no cures. Nature cures when allowed. All so-called cures belong to commercialism —something to sell." - Dr John Tilden, MD

"In some forms of rheumatism there is what may be called a poisoning, an auto-intoxication, of the living body with its own waste-products, e.g. urates; in some forms of bacterial disease, as the popular phrase "blood-poisoning" suggests, the same result is brought about by the waste-products or by-products of the intruding microbes; and it seems certain that an equally thorough poisoning may be brought about by other means. Experts may differ as to the most accurate way of expressing the facts, but it is certain that a man may thoroughly poison himself. Organ after organ may be injuriously affected; the blood, the urine, even the sweat will tell the tale, as it were in protest; and even on a priori grounds we should expect the reproductive organs to be affected by the widespread disturbance of nutritive metabolism. Weismann has suggested that the oscillations of nutrition in the body prompt variations in the germ-plasm." - Prof. J. Arthur Thomson, MA, in "Heredity", 1908.

My First Discovery

"One of my first discoveries was that citric acidic fruits, like oranges and lemons, had an alkaline reaction. My fundamental trouble had been acidosis. My urine often showed a fearful excess of acidity. One day I lunched on nothing but oranges.

The weather was very hot, and I think I must have taken a

dozen. I was just convalescing, after 6 weeks in bed with inflammatory rheumatism - my third attack of that excruciating malady.

I knew that oranges were contra-indicated in my case, or, at any rate, in those days, all the authorities said they increased the acidity. So after indulging in my orange orgy, I expected to find an alarming increase of acid in the urine.

But to my amazement, when I titrated the kidney-secretion with phenolphthalein and sodium hydroxide, I found that the urine had suddenly become alkaline. When I told this experience to professional dietetians they laughed and said I was crazy.

But I repeated the experiment on myself, and on others, many times, and always with the same result. Therefore, since that day - more than 20 years ago I have taken for lunch, nothing but oranges or grape fruit, and have never been troubled with rheumatism or acidity since.

In the same way, **I found out what foods were best to maintain a normal flora in the colon, what foods produced the most erythrocytes and hemoglobin, and kept the blood-pressure normal**." - Dr James Empringham, MD in "Intestinal Gardening for the Prolongation of Youth", 1934.

Rheumatism and Arthritis Showing Colonic Symptoms

"Certain cases of Rheumatism and arthritis showing colonic symptoms; treatment by this method improves the general condition of the patient and so puts him in a better state to battle with the disability of the joints." - By Alexander George Gibson, MD, FRCP, in "Proceedings of the Royal Society of Medicine", May 1923.

"Rheumatoid Arthritis, like Rheumatism, as previously stated, is a condition of intestinal origin, subacute in character, caused, as a rule, by constipation with intestinal

absorption of decomposing protein products which support and favour pyogenic bacterial growth. It is insidious in its onset.

The uniform bilateral involvement of the joints is characteristic of this affection. It usually begins with the small joints, as the joints of the hand, and extends to the larger joints, and ultimately may involve all the articulations of the body. Without going further into detail as to the etiology and pathology of these cases, the treatment must depend upon the relief of the local condition, together with the removal of the bacteria and accumulated faeces, the source of toxemia." - Dr William Benham Snow, MD in "Medical Record", 15 April 1922.

Aetiology of Rheumatism

"Chronic Rheumatism is not a local disease but a local manifestation of a general pathological condition." - Sir William Willcox, MD, FRCP, in "The Aetiology and Treatment of Chronic Rheumatism", International Society of Medical Hydrology, 1926.

The Aetiological Factors

"Toxaemic Causes or Focal Infection; A great majority of cases of persistent and recurring "Chronic Rheumatism" show evidence of an infective cause. Somewhere in the body there exists some focus of disease where toxic products are elaborated and by their absorption into the blood stream give rise to the development of changes in the fibrous tissues or joint structures of the body and so cause Chronic Rheumatism.

Much has been written.

Suffice it to say that there is an enormous mass of evidence to show that, the most important factor in the causation of Chronic Rheumatism is Focal Infection arising from unhealthy conditions associated with teeth, intestine, tonsils, accessory nasal sinuses, urogenital tract,

etc. Toxic products from foci of disease in these situations may either cause Chronic Rheumatism, or promote its continuance if already started from traumatic or other cause.

The organism most commonly found in focal infections associated with Chronic Rheumatism is a streptococcus of the viridans group.

Dr. van Breemen placed Focal Infection first in his review of the causes of Chronic Rheumatism.

A Committee has been formed under Sir Arthur Stanley, to promote the establishment of a clinic for Rheumatic Diseases in London. Such a Clinic would provide facilities for the hydro-therapeutic, electrical and physical treatment of cases of Rheumatism.

It would also act as a clearing house for the Rheumatic cases, drafting off suitable cases for treatment at Hospitals or Spas according to their special requirements.

The Treatment of Rheumatic Disease

It is of the utmost importance that all existing facilities for treatment should be utilised, and that the most cordial co-operation should exist between those agencies which are being utilised for the cure of the disease.

The importance of the toxic factor has been emphasised.

In treating Rheumatic Disease "one must commence with a clean slate", or in other words, obvious foci of infection should be eradicated on treatment.

Hydro-Therapeutic Measures and Electrical Methods of Treatment are of the Utmost Importance

What I said in the earlier part of my remarks about the circulatory conditions in rheumatism has a most important bearing on physical and hydrotherapeutic treatment. We saw that one of the characteristics of the rheumatic state is capillary stasis or deficient supply of blood to important organs and tissues of the body.

Among the most effective methods of improving

circulatory conditions is the use of baths of various kinds, massage and manipulations, also electric methods and the application of Heat, Light and Actinic rays.

I also drew attention to the importance of the study of skin reactions in the same connection. Baths and similar therapeutic measures act primarily on the skin and it is by improving the state of this great organ that far reaching benefits can be secured for the body as a whole.

In conclusion

Chronic Rheumatism is the most fertile cause of industrial disability. It is a disease which is to a great extent preventable and curable." - Sir William Willcox, MD, FRCP in "Chronic Rheumatism", Journal of the Royal Sanitary Institute, Vol. 48, 1928.

Treatment of Rheumatism and Allied Conditions

"It is, of course, important to rid the patient of obvious focal sepsis before commencing treatment, if this is reasonably possible. But the wholesale sacrifice of teeth and tonsils, and fruitless efforts to drain infected sinuses, cannot be too strongly deprecated.

These conditions, instead of being primary and causal, may be secondary to the rheumatic state and the direct result of the lowered resisting powers, e.g., I have seen cases of early pyorrhoea alveolaris in rheumatic patients clear up entirely as the result of general ultra-violet irradiation alone. An operation to remove sepsis frequently causes an exacerbation of the local symptoms, leaving the patient still further depleted of nervous energy. Obvious sepsis should certainly be removed but '' shots in the dark " should be avoided.

In this connection I would like to refer to the case of a physician who came to me suffering from intractable lumbar fibrositis and left-sided sciatica of 3 years' duration. He had

had many and varied forms of treatment including 2 operations by manipulation under an anaesthetic. He had lost mental and physical energy, was anaemic and was carrying on his practice with the greatest difficulty.

I had made frequent enquiries as to focal sepsis and happened one day to be discussing a case of sinusitis which he had referred to me for treatment.

"By the way!" he said, "I had my antrum opened and washed out 10 years ago."

I at once ceased the local treatment of the fibrositis and concentrated entirely on the antrum with the result that he made an uninterrupted recovery. His pain and stiffness had completely disappeared within three weeks, mental and physical energy was regained, and he stated that he felt better than he had done for years.

This case is very instructive since it indicates how very easy it is to miss obvious focal sepsis. It had not occurred to this well informed physician and many others who saw him that focal sepsis was present in the antrum.

It follows that no amount of radiation could ever have cured him so long as the focal sepsis in the form of chronic antral disease existed, and therefore that the local radiation he received for the fibrositis could have been at the best only a palliative.

It behoves the physiotherapeutist, therefore, to keep in close touch with the physician referring the case, and no case should be treated unless obvious focal sepsis has been eliminated. A most useful adjuvant to treatment in these cases is intestinal lavage.

Such an eminent authority as the late Sir William Willcox has given it as his opinion that in a very large number of rheumatic cases extending over a period of 5 years a definite focus of infection in the colon was found in no less than 90%, of the cases, and further that the mere removal of the focus of infection was sufficient to cause marked improvement in many cases.

In my opinion lavage is best given by the McDonagh method of continuous irrigation. This has distinct

advantages over many other methods now in use. The patient is given the treatment in the recumbent position and is consequently not fatigued.

Eight treatments as a rule suffice to establish a healthy condition of the colon. The first two treatments are consecutive, and the total course is spread over three or four weeks. The duration of each treatment is approximately one hour. If vaccines are necessary as an adjuvant, they may most usefully be made from the faeces.

McDonagh has recorded numerous cases of rheumatism which have been cured by lavage alone or combined with suitable medicaments or a vaccine. He wisely points out that it is of no use dieting the patient whose drains are dirty!

Wyatt states:

> *"The successful treatment of chronic- arthritis and fibrositis is primarily a matter of finding the cause and eliminating it, frequently the cause cannot be removed, and yet the fact is that fully as many patients recover in the presence of a demonstrable focus of infection as in its absence. There are many diseases in which recovery takes place through stimulation of the natural curative forces of the body and most fortunately chronic arthritis and fibrositis are among them. Every physician who treats these diseases should be equipped to apply some form of light therapy, and the fact that heliotherapy adds to the effectiveness of practically every other measure is, by itself, of the greatest significance."*

In a British Medical Association lecture on the treatment of Arthritis to the Preston Division, by Dr. Charles W. Buckley, reference was made to the numerous physiotherapeutic measures at present in use.

With regard to infra-red rays he stated: "Infra-red rays, which are the most penetrating, can be applied by various

patterns of lamps for electricity, gas or paraffin, and a portable apparatus of this kind is a very useful addition to the armamentarium of a country practitioner... The effect of such measures is to increase the circulation and thus to remove toxins and improve the nutrition of the joints."

In the British Medical Association Committee's report on the "Causation and Treatment of Arthritis and Allied Conditions," it is stated on page 1047 of The British Medical Journal, 17th June, 1933.

> *"Heat may be applied externally by means of radiant heat lamps or infra-red rays; the latter are more penetrating and are of value especially in relieving pain and stiffness and improving circulation...."*

- Dr W. Annandale Troup, MD in "Treatment of Rheumatism and Allied Conditions", 1947.

Rheumatism Control

"When all has been said about apical, tonsillar, sinus-prostate, female pelvic organs, and other commonly recognized sources of focal infections, the intestinal canal overlays them all in importance."

Dr. Mummery of St. Mark's hospital attributed failure of the liver and kidney, as well as many cases of arthritis to intestinal toxaemia.

He said:

> *"Some of the most interesting and important cases of Autotoxemia are those in which there are associated joint lesions of the nature of semi-acute or chronic arthritis. I believe that many of the crippling cases of Arthritis that we see from time to time are due to poisons formed in the Large Bowel."*

Professor Mantle held that chronic rheumatism may be the result of absorption of poisons from the colon.

Dr. Douglas Wilson believed intestinal toxaemia to be a cause of Rheumatism and had cut short many attacks of gout by thorough Lavage of the colon.

Mutch found chiefly streptococci, often abnormal forms of colon bacilli and in a few cases staphylococci as centres of intestinal infection in 200 cases of arthritis.

Sir Arbuthnot Lane and his followers are of the opinion that intestinal toxaemia delayed in the colon form cause for Rheumatoid Arthritis as well as many other diseases.

Alabee of New York City, overcame a stubborn case of arthritis in himself by intestinal lavage alone." - Florence L. McCoy. D.O., Wichita, Kansas in "Colonic Irrigation Effective In Rheumatism Control", The Osteopathic Physical Therapeutist, Vol. 2 No.1, October 1931.

"Cold Baths and drinking Water do best prevent all Inflammations and Rheumatisms, and Pains". - Dr John Floyer, MD "Medicina Gerocomica: The Galenic art of preserving old men's healths", 1725.

Rheumatism Disease at the Blood

"Rheumatism is a disease at the blood, and In order to effectually remove the disease, the rheumatic poison, must be eliminated from the circulation.

The principal depurating organs are the Emunctories of the kidneys, the lungs, and the skin.

Through the skin and the kidneys alone can the rheumatic poison be removed, and far more through the latter than the former.

Every man afflicted with rheumatism should have a long bath tub, in which he can completely immerse his whole body.

In such a tub he should every morning take a warm, weak, ley bath, rubbing the surface briskly with a flesh brush till it glows finely.

This bath should be used for 4 or 5 days, and then, for a few days, a strong salt-water bath (warm) should be substituted.

This is the best external treatment known to the procession, and the great trouble is that it is so little known to them.

Warm flannel should, of course, be constantly worn by rheumatics." - in "Scientific American", Vol. 8, No.40, 18 June 1853.

Chapter 20

Curing Diseases of Heart and Arteries

"Most of the disorders of the heart and the arteries are what we may call diseases of chronic degeneration. The body becomes too acid, or clogged with waste. The result is that the vital processes weaken, there is a loss of physical tone, and the body is no longer able to resist disease influences all because we live as we ought not to live.

We can live so as to be free from disease. We can also correct nearly all diseases after they have established themselves in the system. The continuous and free circulation of the blood is absolutely necessary for physical well-being. The circulation can not remain normal unless the heart is in good condition.

When the circulation of the blood is impeded the body fails to get sufficient oxygen and nourishment. It also fails to rid itself of the harmful waste which is produced every minute of life. Then physical degeneration soon ensues.

This degeneration may be either slow or rapid. Sometimes it is manifested at first in a slowly progressive weariness, loss of ambition and loss of power, with no other pronounced symptoms. At other times it is more distressing and rapid.

Dizziness, headache, shortness of breath, queer head noises and visual disturbances are some of the most common and annoying manifestations.

All of these signs and symptoms show that the nutrition and the elimination are disturbed.

Those who live as they should, carrying a clean tongue, a clear eye, active bowels, and a pure blood stream do not acquire heart disease.

Incorrect eating habits are the cause of most cases of heart trouble. Abuse of appetites and passions aids in building the

trouble. To avoid heart disease, be moderate in all things, be moderate physically and balanced mentally.

We should live so as to prevent disease and degeneration.

Every case of acquired heart disease is a serious mistake, a mistake that is due to living contrary to the laws of nature. Study the simple laws of nature as applied to the human being, observe them, and thus avoid heart troubles.

When the disease has been acquired, the cure that is safest and surest results from following the laws of nature.

Constipation is a predisposing cause of heart and arterial diseases. The constipated individual retains within his body waste matters and poisonous products which should be promptly cast out. When they are retained in the bowel, the liquid parts are reabsorbed and they poison the body. Some of these poisons help to harden the arteries, and they all make the body unclean. An unclean body degenerates, and the heart and arteries are included in the process.

Mental depression, fear, worry, anger, spite, hatred, jealousy, and all other negative emotions tense the heart and arteries, and poison the whole body. They also cause indigestion, which is one of the chief factors in the production of circulatory diseases. Inactive skin may not seem to have anything to do with heart disease, but it has.

When the skin functioning is below par some of the waste matters are retained in the body. So long as the system is sweet and clean heart disease is impossible. Improper eating is the principal cause of heart and arterial disease.

Undermasticating, too rapid eating, overeating, mixing too many foods in the same meal, and poor cooking are at the source of nearly all cases of degenerated heart and arteries.

These mistakes cause indigestion. Indigestion produces abnormal acids, gases and poisons in the digestive tract. These products are absorbed by the blood. They make the body too acid and poison it.

Then we have autointoxication, and toxemia that is, poisoning of the entire body, the blood included. After this state has existed for a while, some kind of disease must come. It is according to natural law that a poisoned body

must show signs of disease. The cause of all diseases of heart and arteries is living so that the body must degenerate. Our bad habits produce our diseases. Bad habits are simply mistakes.

Correct Treatment of Acute Heart Disease

The treatment is very simple.
The less treatment the better.
The first requisite is rest.

Have the patient remain quiet in bed until the acute attack is over, without anything to eat. The drink is to be plain water, and the patient should not be urged to drink. Let him take what he desires to keep comfortable. The object is to keep the blood pressure low enough so that the heart can regain tone.

Also to allow the system to cleanse itself thoroughly of waste so that the blood will become pure.

The purer the blood the sooner health will be restored. During this time give an enema, daily at first, and after a week or ten days every other day, and keep feet warm.

If they have a tendency to be cold, which they frequently have, supply artificial heat in the foot of the bed." - Dr Alsaker, Rasmus Larssen, MD in "Curing diseases of Heart and Arteries", 1918.

"In 1924, American Heart Association is Founded: Six cardiologists form the American Heart Association, as a professional society for doctors. One of the founders, Dr. Paul Dudley White, described the early years as a time of "almost unbelievable ignorance" about heart disease." - in "History of the American Heart Association", AHA, 2020.

Chapter 21

Blood Pressure

"Any rational human being ought to be able to tell how to rid himself of high blood pressure, when he is told its cause." - Dr John Tilden, MD

"Most patients with hypertension see a connection between headache and bowel function. When they suffer from constipation they are ill, and when the bowel moves freely they are speedily relieved of symptoms. This, of course, is true for many patients who do not have hypertension, but in hypertensive individuals, the relationship is especially obvious. Moreover, it is a relationship in which the physician becomes a pathogenic agent when he focuses attention on the bowel, as in the days, when colonic irrigations were frequently prescribed for autointoxication. Relief comes too quickly after a bowel movement." - Dr Edward Weiss, MD in "Emotional Factors in Cardiovascular Disease", 1951.

"Chronic kidney disease is one of the world's major public health problems, and the prevalence of kidney failure is rising steadily. Among the risk factors for a faster progression of renal disease are hypertension and proteinuria, many studies clearly demonstrating that hypertension is both a cause and consequence of chronic kidney disease.

Namely, renal blood pressure regulation seems to be involved in 5 major pathophysiological mechanisms (all closely related to the renin-angiotensin system): Pressure-

natriuresis, renal sympathetic nervous system, renal blood flow, intraglomerular pressure and tubulogiomerular feedback." - Claudio Ronco, in "Sepsis, Kidney and Multiple Organ Dysfunction", 2004.

The Role of the Alloxuric Bases in the Production of the Cardiovascular Changes of Nephritis

"Hypertrophy of one or both ventricles, with or without dilatation, and increased arterial pressure are found in many cases of nephritis and in various lesions of the kidneys associated. with destruction of parenchyma.

Of the theories promulgated in explanation of this phenomenon only merit serious consideration, the intoxication or retention theory originated by Bright. (Traube. Ueber den Zusammanhang von Herz und Nieren Krankheiten. Berlin, Hirsch wald, 1856, and Traube. Nachtrltgliche Bemerkungen uber den Zusammenhang von Herz und Nieren Krankhelten. Deutsche Klinik, 1859, Nos. 31 and 32).

Bright's retention theory postulates that in nephritis certain excrementitious substances are poured into the circulation that by exercising either a direct cardio-excitory action cause hypertrophy of the heart, or by producing constriction of terminal arterioles and capillaries throw additional work on the heart muscle and thus cause enlargement.

For those inflammatory forms of nephritis in which the heart changes are manifestly secondary to the kidney lesions, where we have the sequence—diminished excretion of urine, increase in arterial pressure, hypertrophy of the heart—no other explanation than the one given by Bright seems possible. The one undetermined factor remains: the nature of the substance or substances that are capable of producing the increased arterial pressure.

In primary interstitial nephritis (syn.: primary contracted kidney, granular atrophy of the kidneys, primary indurative sclerotic kidney, "gouty" kidney, lead kidney, "primare genuine Schrumpfniere," etc.), however, in which hypertrophy of the left ventricle is found in from 50% to 90%, retention of excrementitious substances does not occur except in the last stages.

The cause of the cardiac hypertrophy must here be sought for outside of the kidneys.

Of the substances that are normally excreted by the kidneys and that in disease of these organs are retained, urea is the only one that has been physiologically tested for its effects upon arterial pressure, the arterial coats, and the heart.

Ustimovitsch, (Arbeiten der physiol. Anstalt zu Leipzig, 1871, p.198. Sachsische Gesellschaft der Wissenschaften, 1870, p.430) Grutzner, (Pfluger's Archiv der Physiologie. 1875, xi. p.350) von Cavazzani and Robustello (Cavazzani und Robustello. Archivo per le Scienze med., xv. p.329, and xvi. p.425) injected urea into the blood and observed arterial spasm and a rise of blood pressure.

O. Israel (Virchow's Archiv, 1881, lxxxvi. p.299) fed rabbits with increasing doses of urea and produced both "hypertrophy of the heart and of the kidneys."

While investigating the role of uric acid and its congeners, the alloxuric bases, in the causation of so-called uric acid lesions ("Uric Acid Theories," etc., (Journal of American Medical Association, July 1899) "An Investigation into the Causes of So-called Uric Acid Lesions," etc. (New York Medical Journal, August 1900), a series of physiological tests were carried on with the latter group of excrementitious substances.

It was found that they are capable of producing:

1. First, marked anatomic changes in the kidney parenchyma, consisting in granular and fatty degeneration of the epithelial cells lining the tubuli contorti;
2. Second, a proliferation of the endothelial cells lining the

intertubular capillaries.

Gaucher, (Revue de Med., 1888. Pathogenie de Néphrite, These, Paris, 1886) in his investigations on toxic nephritis, had chronicled similar findings ("néphrite épitheliale"). Kolisch and Tandler (Monograph, Stuttgart, 1895) repeated his experiments and corroborated them ("Granular Atrophy").

The production of an endarteritis in the renal arterioles by the alloxuric bases led us to investigate the effect of these substances on the systemic blood vessels, the heart and the arterial pressure, with a view of determining what, if any, role these excrementitious bodies played in the causation of the cardio-vascular changes so frequently observed in nephritis.

The alloxuric bases are, in contradistinction to uric acid and urea, very readily soluble in the tissue fluids, and possess highly toxic properties. They are found in normal urine in appreciable quantities —up to 0.06 gr. in 24 hours— and their formation and excretion or retention are greatly increased in a variety of morbid conditions. Their chief representatives are xanthin, hypoxanthin, adenin, and guanin.

From experiments we draw the following conclusions: Xanthin and hypoxanthin are capable of producing a rise in arterial pressure which may be due to arterial spasm, increased heart action, or both.

In view of the presence of endarteritic changes in the arteries and the absence of corresponding changes in the endocardium, we are inclined to the hypothesis that the primary effect of the alloxuric bases is exercised on the arteries, causing spasm.

As a result increased work is thrown upon the heart, causing primarily hypertrophy of the left ventricle.

As long as nutrition remains good — i.e, as long as the intoxication is not so violent or so long lasting as to produce degenerative changes of the heart muscle — no dilatation supervenes.

Per contra, owing to the increased determination of blood to the coronary arteries (as a sequence of the hypertrophy of

the left ventricle), the nutrition of the whole heart is ameliorated and the right ventricle hypertrophies. This hypertrophy of the right ventricle might be explained in a different manner—i. e., as a result of spasm of arterioles of the pulmonary circulation.

We know, however, that the pulmonary vessels do not respond to stimuli as vigorously as the systemic arterioles (Senator. Die Erkrankungen der Nieren, Wien, Alfred Holder, 1895, p.98), so that the latter explanation is not sufficiently grounded in fact.

As soon as the nutrition of the heart grows defective, dilatation of one or the other or of both ventricles occurs.

Xanthin and hypoxanthin, therefore, representative members of the group of alloxuric bases, are capable of producing the cardiovascular changes in those forms of nephritis in which retention of excrementitious substances precedes the lesions of the heart and arteries.

In the production of the hypertrophy of the heart so frequently seen in the primary interstitial form of nephritis, where the retention theory does not hold good, they also play an important role in a slightly different sense.

The 3 chief causes for this primary form of indurative sclerosis of the kidneys are:

1. The so-called uric acid diathesis (gout);
2. Lead,
3. Arteriosclerosis.

The role of syphilis, alcohol, and of diabetes mellitus is not universally recognized.

1. The Gouty Form of Interstitial Nephritis

In our previous publications on the role of the alloxuric bases in the production of so-called uric acid lesions we have demonstrated, we believe conclusively, that the alloxuric bases are the primary factor in the causation of "gouty" kidney and of the majority of the symptoms of the gouty diathesis. In the gouty form of primary interstitial nephritis,

therefore, the same poison that produces the kidney lesion causes the cardio-vascular changes.

2. The "Lead" Form of Interstitial Nephritis

Lead intoxication can produce both the typical nephritis and in very chronic cases other symptoms of gout, so-called spurious or lead gout. We must conclude, therefore, that the toxic action of lead is either identical to that of the alloxuric bases or that lead is capable of causing metabolic changes in the organism which lead to the formation of alloxuric bases.

These in their turn, as above, cause cardio-vascular, nephritic and gouty symptoms. Certain changes in the blood, "lead chlorosis," characterized by evidences of deficient oxygenation and of excessive nuclein katabolism, important factors in the generation of the alloxuric bases, lead us to favor the latter supposition.

3. The Arterio-Sclerotic Form of Interstitial Nephritis

The inter-relationship between arterio-sclerosis and induration of the kidneys may be threefold, viz.:

a) Arterio-sclerosis may be primary, the induration and atrophy of the kidneys secondary; " true sclerosis of the kidneys."

b) As a result of parenchymatous nephritis with retention of excrementitious substances, both hypertrophy of the heart and arteriosclerotic changes in the arteries may occur. In this case the nephritis is primary, the "arterio-sclerosis" secondary.

c) The same toxins may simultaneously produce both the nephritis and the arterio-sclerosis (lead, gout, etc.).

Arterio-sclerosis is, therefore, only in isolated instances the cause of the nephritis. In the majority of instances, where the two conditions are found together, the arterio-sclerosis stands in no causal relationship to the nephritis, but is either a result or a concomitant feature.

Where arterio-sclerosis is primary it usually constitutes a senile change. In all other forms it will be found that some kidney lesion coexists and that we are dealing with one of the forms described under (b) and (c).

Our investigations, therefore, justify us in attributing to the alloxuric bases an important role in the production of the cardio-vascular changes observed in all forms of nephritis with the exception of that chronic indurative form sometimes seen as a result of senile arterio-sclerosis.

A series of investigations, finally, instituted with varying doses of uric acid for different periods of time (see previous publication, Experiments I. to VIII.), revealed that uric acid is altogether without effect on the blood pressure, the arteries, and the heart." - Dr Alfred Careno Croftan, AM, MD, Formerly Assistant Professor of General Diagnosis and Clinical Instructor of Chest Diseases at the College of Physicians and Surgeons, Chicago, Ill., in "The American Journal of the Medical Sciences", 1900.

Relationship Between Certain Products of Metabolism and Arterial Hypertension

"The cause of high blood pressure remains one of the most baffling problems in medicine. Ever since von Basch, in 1876, gave us a practical method of estimating blood pressure, every physician has been more or less interested in the subject of arterial hypertension.

We have learned much about its frequency of occurrence, its varied symptomatology, its numerous complications and its association with many diseases. The critical student, however, must feel a sense of dissatisfaction with almost all the theories advanced to explain its genesis.

Shaw discusses the theory that a pressor body of protein origin is liberated into the circulation and produces high blood pressure.

Beginning with the assumption that some protein body, a product of metabolism, had a pressor effect, we investigated the properties of some of the better known metabolites. A

series of experiments showed that urea,

uric acid, creatin and creatinin had no constant effect on the blood pressure, but another group of experiments showed that the guanidine bases have a very powerful pressor effect.

Kutscher and Lohmann were the first to describe methylguanidin in the urine of normal persons.

Achelis found it in the urine of the dog, horse and man, and Engeland demonstrated dimethylguanidin in the urine. Most of the interest attracted to these substances lies in their possible relationship to tetany, parathyroprivia and to idiopathic tetany, as indicated by the work of Koch, Noel Paton and Findlay, Findlay and Sharpe, and Nattrass and Sharpe.

In our experiments we have used methylguanidin sulphate, methylguanidin nitrate, dimethylguanidin sulphate, guanidin carbonate, guanidin thiocyanate and guanidin hydrochlorid. All these compounds show a very striking ability to raise the blood pressure and to maintain it at a high level.

Guanidin compounds also produce a marked decrease in the respiratory rate and a slowing of the pulse, with an increase in the amplitude of the heart beat Toxic doses of these compounds will produce twitchings. Very similar to those seen in tetany, and larger doses may cause severe convulsions. Section of the vagi after injection of the guanidin compounds produces no effect on the elevated blood pressure.

The kidney, studied by means of an oncometer, shows no change in volume while the blood pressure is rising as the result of the injection of gaunidin compounds. In the decerebrated dog, the injection of methylguanidin will produce a prompt rise in blood pressure, thus indicating that such a rise is due, in part at least, to peripheral vasomotor action.

It has been found that a 10%, solution of calcium chlorid, potassium chlorid and ammonium chlorid in doses of 0.1 gin. per kilogram, when slowly administered intravenously, produces a prompt and persistent fall of high blood pressure

to a normal level. Normal hydrochloric acid in doses of 1 c.c. Per kilogram, injected intravenously, produced the same result.

While normal persons and patients with a normal temperature and a normal blood pressure have shown an average daily excretion of 100 mg., the patients with a high blood pressure show a marked diminution in the excretion of guanidin bases.

Several febrile patients have shown a marked increase in the output of guanidin bases, and one very interesting patient with a severe chronic nephritis and evidence of marked protein destruction showed a high output of guanidin bases, but had a normal blood pressure.

In chronic nephritis, the damaged kidney is unable to excrete properly urea, uric acid, creatin and creatinin and that undetermined group of substances resulting from protein metabolism, classed under nonprotein nitrogen, a group that includes the guanidin compounds.

While urea, uric acid, creatin and creatinin produce no effect on the blood pressure, it is interesting to see that guanidin compounds exert such a profound pressor effect.

It seems quite possible that kidneys badly damaged by chronic nephritis, or only slightly damaged by arteriosclerosis or by a small vessel sclerosis, might be unable to excrete properly these substances having such a marked pressor effect. Such a retention of guanidin bases, unless they were utilized or destroyed, might result in an elevation of blood pressure." - Dr Ralph H. Major, MD in "JAMA", 1924.

Diet in High Blood Pressure

"Eustic of New Orleans in Southern Medical Journal attributes this condition to toxemia. From successful personal experimentation with low proteid diet exclusive of tyrotoxin producing substances and stimulating elimination by catharsis and free and plentiful water drinking is indicated." - "Alienist and Neurologist", Vol. 33, 1912.

The Treatment of Confirmed Cases of High Blood Pressure

"A natural question to ask is, How are we to determine the true position of a case of supernormal pressure? These cases always give us anxiety, and rightly so, for we are confronted with two dangers, and with one eye we see visions of a possible catastrophe through the rupture of a weak vessel by doing too little, and with the other the danger of doing too much in lowering the pressure and weakening the cardiac force.

My reply to this is: take a careful history of the case and observe the condition of the cardiovascular, the renal and alimentary systems, and try to find out the cause of the high pressure, such as errors in diet, alcohol, syphilis, lead, and excessive worry, remembering that supernormal pressure is not a disease per se, but a symptom only." - Alfred Mantle, MD, in "The Lancet", 3 May 1913.

All Varieties of Hypertension Are of Renal Origin

"Some experimental evidence has recently been forthcoming which has suggested to some observers that all varieties of Hypertension are of renal origin.

This view is based on the experiments of Goldblatt and his co-workers, published in the Journal of Experimental Medicine in 1934.

They found that they could produce permanent Hypertension in dogs by partial constriction of both renal arteries by screw clips, and also by partial constriction of one renal artery followed by removal of the opposite kidney.

The presence of the normal kidney tends to prevent Hypertension developing. The condition was studied in rats in subsequent experiments by Wilson and Byrom.

They showed that constriction of one renal artery resulted in permanent Hypertension and that subsequent changes

occurred in the opposite unclamped kidney essentially similar to those seen in malignant Hypertension in man.

These observations led clinicians to be on the alert for cases of so-called essential hypertension in patients who were suffering from unilateral kidney disease, in the hope of curing the high blood pressure by removing the diseased kidney.

As a matter of fact, it had been known for some time that there might be an association between malignant hypertension and unilateral renal disease, and cases of this nature were described in the literature.

But A. M. Butler was the first to record a successful case of removal of the diseased kidney, followed by the restoration of a normal blood pressure after hypertension (Journal of Clinical Investigation, 1937).

It is, however, reasonable to suppose that some vasopressor substance is liberated during destruction of kidney substance, with the consequent development of hypertension." - in "The Medical Echo, A Quarterly Review of Current Medical Literature, Medical Profession Only", Vol.21 No.82, July 1945.

Hypertension and Kidney Disease

"The kidney is both a cause and victim of hypertension. Presence of kidney disease is a common and underappreciated." - George L. Bakris, Eberhard Ritz in "Hypertension and Kidney Disease: A Marriage That Should Be Prevented", 2009.

Conclusions

"The Syndrome of Hypertension is Intimately Related to Kidney Function." - Hiromichi Suzukia, Takao Sarutab, in "An Overview of Blood Pressure Regulation Associated with the Kidney", 2004.

High Tension Pulse

"It would be hard to find any observations of greater interest from my point of view, for I have for a long time believed that a high tension pulse, in the absence of other obvious causes for it, may be a sign of excess of uric acid in the blood.

Such a pulse is very often seen in the uric acid headache, and the tension is generally greater than usual at the time of the headache; when, as we have seen, there is reason to expect the presence of excess of uric acid in the blood. I should believe therefore, for several reasons, that both the high tension pulse and the melancholia which Dr. Broadbent finds associated with it are due to excess of uric acid in the blood.

In the same lectures Dr. Broadbent narrates the history of a case of mental derangement in which:

> *"It was found by observation that her mental condition was always worse when the pulse tension was high, and that the only way of keeping it down was to cut off all meat and feed the patient chiefly on milk. When the tension was high she was suspicious, abusive, violent and unmanageable. When it was normal she was cheerful and tractable."*

The above exactly resemble the mental states I can produce by influencing uric acid, and I have reason to believe the pulse tension would vary with the amount of uric acid in the blood; the diet also, which was found to be useful, is just that best calculated to prevent uric acid retention. A high tension pulse is probably seen more often in connection with the chronic forms of Bright's disease, than in any other condition.

Thus he says, Guy's Hospital Reports, 1879, p. 382, "Persons with this condition (high tension) suffer from minor ailments often met with in the subjects of chronic

Bright's disease, as malnutrition, cold hands and feet, short breath, palpitation on exertion, imperfect digestion, bronchitis and gastric catarrh. Headache especially hemicranial, sometimes tinnitus and dim vision.

Another patient is said to have palpitation, headache, dyspepsia, constipation, loss of memory, cloudiness of intellect, depression and subnormal temperature; another patient is depressed and hypochondriacal, and another suffers from general malaise, headache and weariness, and most of these symptoms have been spoken of above, as due to uric acid or are mentioned by me as frequent concomitants of the uric acid headache."

See Medico-Chirurgical Transactions 1887, p. 2, of paper. They are the signs of a poison in the blood, and that unless the condition of the blood is improved, Bright's disease will follow in a few years." - Haig, Alexander, Acland, Henry Wentworth, Sir, former owner; Royal College of Surgeons of England, 1888.

Tinnitus or Mênière's Syndromes

"The ear symptoms which should direct, our attention to a local or general circulatory disturbance, are unilateral or bilateral tinnitus, slight and progressive deafness, loss of air and bone conduction, dizziness sometimes early in the disease and in the later stages of the disease, sometimes hallucinations of hearing. The car symptoms necessarily vary according to the extent of the sclerosis.

It is well known that in severe hemorrhage and progressive anemia, deafness and tinnitus may occur. If the hemorrhage and anemia are severe and prolonged, deafness may be permanent, being due to an obliteration of some of the blood vessels of the cochlea or the special cochlea centre in the brain.

A passive tinnitus or a passive dizziness is probably due to a circulatory disturbance in the arteries of the semicircular canal or special centres of equilibration. These conditions are frequently attributed to liver disorder, rather than a

valuable symptom of a possibly beginning general arteriosclerosis. A deafness without dizziness, tinnitus or Mênière's syndromes (providing no mechanical cause of deafness exists), with some general symptoms of arteriosclerosis, is indicative of thickening in vessels to the nucleus, and if associated with peripheral paralysis, may be indicative of disease of the internal capsule.

Loss of hearing with dizziness may be due to a vascular disorder from tumors in the cerebrum, cerebellum or pons varolii, as well as to a sclerosis of the labyrinthine artery. Loss of hearing and dizziness continuing for a long time, are valuable signs of vascular disturbance in the entire encephalon. If the eye symptoms are also present, the evidence is complete." - Dr. John J. Kyle, MD in "A Study of Ear Symptoms in Arteriosclerosis with Special Reference to the Labyrinth.", Ann. of Otol., Rhinol. and Laryngol., June, 1907.

Tinnitus Aurium

"Are due to circulatory disease seems to me to be suggested by the fact that audible murmurs are often heard in the circulatory system in cases of anemia and relaxed blood vessels." - Dr Louis Faugeres Bishop, MD in "JAMA", 7 Nov. 1908.

Gastro-Intestinal Sepsis, a Cause of Ménière's Symptoms

"Since Meniere's paper was published on 9 February 1861, dealing with a set of symptoms produced by haemorrhage into the labyrinth, and consequently producing an incurable form of deafness, this set of symptoms, with which his name has been associated, has conveyed to the medical profession at large the idea of a condition of the ear for the relief of which but little can be done.

Although aural surgeons of late years have clearly drawn the distinction between Meniere's disease, or the class of cases to which Meniere referred in his paper, occurring suddenly in patients without previous ear trouble, and Meniere's symptom-complex occurring in patients suffering from an affection of the middle ear — which condition for many years past, I have preferred to call by the simpler term of Meniere's symptoms — the distinction is not as yet universally understood in the profession, and there is in consequence a tendency, except with aurists, for any patient suffering with the group of symptoms which Meniere described, to be regarded as having an incurable ear disease, and, therefore, for it to be thought that all that can be done is to give palliative treatment and hope that another attack may not soon occur.

It is my intention to confine myself now to the cases in which the symptoms occur in patients suffering from middle-ear disease, and come on without the reason being apparent, and not to deal with those in which the symptoms result from a procedure which obviously produces them, or a condition in which it is well known that they occur.

Amongst the latter may be mentioned, syringing the ear when perforation of the drum-head exists, quickly rotating the patient, an extension of suppuration to the labyrinth, such as is found in the course of acute disease from inflammation or infective processes extending to it, and the attacks of giddiness and tinnitus which occur sometimes as part of the vasomotor diseases which accompany the menopause.

Having noticed a similarity in the general condition of patients who become affected in this way, I began to pay close attention to the matter, and finding that the treatment adopted not only greatly diminished the frequency and severity of the attacks, but in some cases practically freed the patients from this distressing condition, I consider it only right to bring the matter forward so that a larger experience may be obtained.

Many of the patients whom I have seen had the following conditions present at the first visit: a furred tongue,

congested pharynx, nasopharyngeal catarrh, hypertrophic rhinitis, flatulency, frequently causing a considerable amount of distension, and constipation, although sometimes the motions were broken and light coloured.

Several patients have told me that previous to an attack the motions have been noticed to be especially offensive. With these symptoms present it did not surprise me to find the blood-pressure often, although not invariably, high, for toxaemia due to intestinal sepsis is a common cause of increased blood-pressure, and, as might be expected, some dilatation of the heart often existed, although this symptom was not always present.

I say, "as might be expected," for a common cause of-cardiac dilatation is increased blood-pressure resulting from intestinal sepsis, and therefore some cardiac dilatation frequently exists, although often overlooked on account of its producing no audible symptoms or marked physical disability unless existing in a marked degree. **Although I have only mentioned the toxaemia due to intestinal sepsis, oral sepsis due to pyorrhoea, decayed teeth, crowns or bridges must not be overlooked, or any other conditions which might tend to produce this result.** With the patient in the state which I have described it is not surprising that closure of the Eustachian tubes is usually present when Meniere's symptoms exist, for, as I have many times pointed out, gastrointestinal derangement is a common cause of congestion of the pharynx and nasopharyngeal catarrh, and consequent closure and catarrh of the Eustachian tubes. Nor is it to be, wondered at that tinnitus and giddiness are found when toxaemia is present, these symptoms being more the result of this condition than caused by high blood-pressure when it exists. With the condition present which I have described it is obvious that in many instances it would add materially to the comfort of the patient if the set of **symptoms known as Meniere's symptoms were to convey in the first instance the impression of the existence of gastrointestinal derangement.**" - Dr T. Mark Hovell, FRCS in "British Medical Journal", 1917 & "Proc. Royal Society of Medicine", 1918.

Chapter 22

Asthma

"Further Evidence in Support of the Toxic Pathogenesis of Bronchial Asthma, Based upon Experimental Research," - Allan Eustis in American Journal of Medical Science, Vol.143, 1912.

"No discussion is likely to do so as long as asthma is regarded as a disease. The same old fallacies regarding the causation of the condition were reiterated. There are no biochemical changes in the blood peculiar to asthma, and the abnormalities detected are the same as those to be found in the other manifestations of disease Asthma, like many other symptoms of disease, is occasioned by the precipitation of enlarged and agglutinated (hydrated) protein particles in the perivascular lymphatic vessels and capillaries. Treatment, to be effective, must aim at removing the initial cause of the hydration, at correcting the mal-co-ordination which all asthmatics present, and at bringing about dispersion of the hydrated protein particles. The first draws attention to the familial chronic intestinal intoxication. Prevent and get rid of familial chronic intestinal intoxication and there would be no asthma and no need for the establishment of futile committees." - Dr J.E.R. McDonagh, FRCS, in "The Pathogenesis and Treatment of Asthma", British Medical Journal, 16 November 1929.

Vasomotor Instability: Closely Related to such conditions as Asthma

"At present, one was disposed to refer every abnormal constriction of vessels to excitation, and dilatation of the same to paralysis of the vasoconstrictors.

An intimate relation evidently existed between vasomotor phenomena and the autonomic (sympathetic) nervous system.

The blood supply of all parts was controlled by the vasomotor mechanism which regulated the amount of varying the caliber of arteries.

The adaptability of the vascular system was wonderfully complete, and was worked out through the reflex activity of the nervous system exerted partly on the vasomotor fibers and partly upon the regulatory nerves of the heart.

The center of control was influenced by various stimuli, central (cerebral), visceral and external. In health vasomotor reactions were not subject to great variations.

The existence of an unknown and ill-defined instability of the vasomotor mechanism found expression in the abnormal states referred to as vasomotor disorders or trophoneuroses.

The signs of imperfect vascular coordination were frequently associated with metabolic perversions as represented by gout, diabetes, and the different forms of arthritis.

They were furthermore closely related to such conditions as migraine, urticaria, asthma, and hay fever.

Inasmuch as signs of vasomotor instability very often did not permit of classifying as a definite vasomotor disorder, it seemed difficult to group them under one heading that would be sufficiently expressive of this condition.

The term vasomotor ataxia was proposed by Solomon Solis-Cohen in 1885, which had subsequently been amplified to autonomic ataxia.

Vasomotor ataxia was to represent a condition of the

sympathetic nervous system through which, as a result of hereditary or debilitating influences it failed to carry on adequately its visceral and especially its cardiovascular functions.

The vasomotor circulatory aberrations could be provoked under the incidence of various exciting causes, which might be constrictive, dilative, or a mixture of the two, and produced local, diffuse or general disturbances.

In a similar way various types of secretory and viscero-motor disorders could be produced. As chief exciting influences might be mentioned, heat, cold, emotional influences as worry and shocki and toxic agents of endogenous or exogenous nature.

The symptoms of this unclassified group were widespread, those pertaining to the peripheral circulation being readily observed. The changes in the skin were indicated by a peculiar cutaneous marbling, angio-neurotic congestion and edema, varices, which might be equally manifested on the different mucosae as the conjunctivae, lips, nares, larynx, cardia, pylorus, gall-bladder, and appendix.

The subjective phenomena were usually paroxysmal, recurrent, or painful, appearing in the upper respiratory tract as paroxysms of hay fever and asthma; on the skin as urticaria, eczema, purpura and angioneurotic swellings.

Painful spasms suggesting renal colic and appendicitis were encountered. Hematemesis might be a feature. Palpitation, tachycardia, leg cramps and variations in blood pressure were definite manifestations. The finger nails presented varying changes in colour— pink, red, blue and leaden or mottled.

The whole gamut of Graves disease could be represented, as well as certain phenomena of Raynaud's disease, and thus symbolized the different conditions definitely classed as vasomotor disorders.

A sensitiveness to drug reactions, anaphylactic phenomena and vasomotor paresis, in the different acute infectious diseases could properly be regarded as expressions of an unstable vasomotor mechanism.

To illustrate the extent to which vasomotor phenomena might predominate in the clinical picture, the author related the histories of three cases." - in "Medical Record", Vol.98, 11 Dec. 1920.

Raynaud's Disease

"This disease would never have an existence if those afflicted were living properly. It is simply a surface manifestation of toxin poisoning, and, the same as most diseases to which flesh is heir, it originates in the gastro-intestinal canal. Hence this intestinal derangement must be righted, first, last, and all the time, by correcting the eating, and otherwise properly caring for the body." - Dr John H. Tilden, MD in "Impaired Health Its Cause and Cure", 1959.

The Vagus & Vasomotors Influence, or Govern Circulation, Respiration and Digestion

"To concede this influence of the nervous system over the digestive processes, we need not ignore any fact of chemico-biological research, nor shut out any of the light thrown on the subject by the distinguished American investigator, Beaumont, and those who have followed him in elucidating the functions of the stomach. On the contrary, Beaumont's investigations proved the power of mental states over the digestive processes of Alexis St. Martin.

The liver, the kidneys, the bladder and the bowels are similarly influenced by emotion and the lymphatic system is likewise under nervous control like the arterioles, by the vasomotors. A center in the medulla also influences through the chorda tympani nerve and probably the sympathetic, the salivary secretion. A center there also influences the action of the kidneys. The chorda tympani contains secretory and vaso-dilator fibers, the sympathetic, vaso-secretory and vaso-dilator.

Salivary secretion is induced reflexly by mastication and

the irritation of the presence of food in the mouth and stomach and by the vivid remembrance of certain foods whose eating has made an agreeable impression, and by emotion. We swallow, we digest, we sob and vomit by means of vagus fibers, and its fibers go to the coeliac plexus, the spleen, the liver, the kidneys and the small intestine.

Oesophagus, gastrodydia, or cardialgia, tachycardia, palpitation and angina pectoris, and intestines, liver and kidneys, are influenced by this wonderful nerve, as well as asthma and exophthalmic goiter and many affections of larynx and lower air passages, nothwithstanding the complete pathology of this wonderful nerve and of many of the interesting diseases connected with it, may be said to be yet somewhat obscure.

The vagus and the vasomotors influence, or govern circulation, respiration and digestion.

Some of the vasomotor ataxias, quite familiar to practicing neurologists who have opportunity for general medical observation, have been noticed and given a clinical grouping under the tenor "Vasomotor Ataxia" by J. Solis-Cohen (American Journal of the Medical Sciences)

Note: This is just such an observation as should come more frequently from general practitioners. The vasomotor nervous system is omnipresent in its organism. It follows the vascular system to the innermost recesses of the body, and the number of its morbific functional possibilities is beyond computation." - in "The Alienist and Neurologist, A Quarterly Journal of Scientific, Clinical and Forensic Psychiatry and Neurology", Vol. 1894.

The Use of Adrenal Substance in the Treatment of Asthma

"Solomon Solis-Cohen (1857-1948) whose family heritage dates back to Colonial America was born in Philadelphia and educated at Jefferson Medical College (M.D., 1885).

After graduation, he remained associated with Jefferson on the hospital staff and college faculty until his retirement as professor of clinical medicine in 1927.

He was a physician of unusual distinction whose influence extended beyond medicine in many spheres of endeavour. He contributed to clinical medicine, public health, literature, education and civic, humanitarian and philanthropic causes.

He was a founder of the Jewish Theological Seminary and the Jewish Publication Society. He was a prolific Writer of political, economic and Sociologic essays, and a poet and painter. Solis-Cohen's medical publications covered many areas, e.g., the fight for filtration of Philadelphia's water supply and introduction of immunization of School children against diphtheria. However, therapeutics remained the major accomplishment of his professional career.

He was the first clinician to recognize the importance of autonomic imbalance (vasomotor ataxis) as a part of the pathologic physiology associated with common allergic disorders. He introduced the use of endocrine glands including the thymus-for the treatment of disease and recommended the use of adrenal Substance in the treatment of hay fever and asthma as early as 1896.

Adrenal Substance is not applicable to the treatment of all asthmatic patients, or to all varieties of asthma. It is applicable in the treatment of Some of those in whom this affection is associated with other manifestations of what I have elsewhere termed vasomotor ataxia, of the relaxing variety.

Under this head, I include among others, patients who are Subject to urticaria, or in whom factitious urticaria may be readily produced; those who are, vascularly extremely Sensitive to slight changes in weather and climate, or who exhibit peculiar idiosyncracies in this respect, as in their reaction to drugs; those whose cardiovascular balance is easily disturbed by emotion or by digestive disorder or other slight intoxication; Some hay fever Subject; persons Subject to congestive hemicrania;...

Believing that in such cases the immediate mechanism of the obstruction to respiration, manifested by the asthmatic paroxysm, is an irregular Swelling of the bronchial mucosa, allied to the condition of circumscript edema - angioneu-

rotic edema - or urticaria, and that by increasing the vascular tone through the administration of that Substance which Nature seems to have designed for its maintenance, we might prevent such attacks.

I have, during the last few years, used adrenal Substance in the treatment of Such patients. It has in but One dubious instance Served to Cut Short a paroxysm, though it has occasionally mitigated distress in greater or less degree.

It has, however, been useful in averting the recurrence of paroxysms and in finally bringing about a state of freedom from fear of their recurrence, I therefore, Speak of the use of adrenal Substance not as a "treatment of asthma" but as a measure "applicable in the treatment of certain cases" of that affection...

...There is a great difference in cases and individuals. Beginning with Small doses frequently repeated, e.g., 1 grain every hour or every two hours, or With a moderate dose, Say 5 grains, Once or twice daily, We learn the tolerance of the individual, the tractability or intractability of the symptoms, and regulate accordingly.

I have given as few as 3 and as many as 90 grains of the desiccated gland substance in the twenty four hours.

What the active agent is and how much or how little of the active agent is absorbed, I must leave to laboratory students to determine. Clinically I have watched closely and critically enough to satisfy myself that neither the Susceptibility of patients to suggestion, not the activity of observer's imagination are Sufficient in themselves to account for the whole of the results.

Solis-Cohen S. The use of adrenal substance in the treatment of asthma. J Am Med Assoc. 1900; XXXIV (19):1164-1166.” - Sheldon Cohen in “Excerpts from Classics in Allergy”.

The Term Ataxia

“As descriptors of physical findings, are the terms "ataxia" and "ataxic" essentially synonymous with the general terms "incoordination" and "uncoordinated," respectively, or do they instead refer to specific aspects of uncoordinated

movements? If the latter, to what aspects do they refer?

The oldest reference consulted to contain the term "ataxia" was a medical dictionary by Dunglison (1874). (A definition of the term "ataxic" also appeared in Dunglison, but was not particularly illuminating - "Having the characters of ataxia" 1874, p. 99)

The primary definition given there corresponded to the term's broad literal meaning in Greek-a- (= negative article) + taxi (= order) (watts and George-Papaseorgiou, 1988, p. 1, 160:

"Disorder, irregularity. Hippocrates employs the word in its most extensive acceptation.

Galen applies it, especially, to irregularity of pulse; and Sydenham speaks of Ataria Spirituum for disorder of the nervous system." p. 98.

Although this broad, general definition, essentially equivalent to the terms "disorder" or "irregularity" was not found in recent textbooks of clinical neuroscience one can still find evidence of it in recent medical dictionaries.

For example: "vasomotor ataxia" is "a form of autonomic ataxia causing irregularity in the peripheral circulation, marked by alternations of pallor and suffusion, due to spasm of the smaller blood vessels" (Hensyl, 1982, p. 1351)

Presently, in the context of neurological disorders, "ataxia" almost always denotes some type of incoordination of balance and/or movement.

The next reference to "ataxia" was found in Gowers' comprehensive A Manual of Diseases of the Nervous System, (1893. Although Gowers retained the term "locomotor ataxy" as a synonym for "tabes dorsalis" (vol. 1, p.397, he also clearly used the term "ataxy" to label an abnormal motor finding, which he also called "incoordination". ” - in “Neuroanatomy and the Neurologic Exam: A Thesaurus of Synonyms, Similar” by Terence R. Anthoney Pages 89 to 91.

Chapter 23

Epilepsy

"I have reason to think that the fits in some cases of this disease may be found to have just the same relationship to the excretion of uric acid as the headaches which I have previously described; and in the Neurologesches Centralblatt, of March 1st last, I have given a diagram of the uric acid curves got from a case which was under my care at the Royal Hospital for Children and Women.

The urine was carefully drawn off, after several of the fits, by the resident medical officer (Dr. F. M. Johnson), and the urine of some thirty hours was collected and kept separate in reference to the fits with the greatest care; and it will be seen from the curves which resulted that the uric acid excretion was very low (retention) before the fits began (just as in headache), that it rose with each fit and fell between them, and that it reached its greatest height in a period corresponding to several very severe fits, and fell nearly to normal when the fits finally ceased.

But a vegetarian diet (which has long been known to be useful in many cases of epilepsy) will, I believe, give the best results in all cases of epilepsy that give uric acid re-actions ; and the finding of such re-action will be of value as indicating the cases in which this diet is most likely to succeed.

It is interesting to remember in this connection that Sir A. Garrod has found uric acid to be in excess in the blood during attacks of epilepsy, and as I have shown it to be in excess in the urine during these attacks in some cases, the connection between the blood and the urine seems to be pretty complete." - Haig, Alexander, Acland, Henry Wentworth, Sir, former owner; Royal College of Surgeons of England, 1888.

Epilepsy: A Study of the Idiopathic Disease

"Dr. Aldren Turner has given us a well-arranged and carefully-thought out study of idiopathic epilepsy.

He has embodied in his book the views of all the principal authorities, and has also given his own personal observations, which have been deduced from 1,000 cases which were under his care at the National Hospital for the Paralysed and Epileptic, and also at the Colony for Epileptics, Chalfont St. Peter.

The book is written from a clinical standpoint, and all the different features of the disease are well brought out and placed under definite headings in such a way as to make it an excellent book for consultation.

The first chapter is introductory, and here is discussed in general the various conditions underlying the epileptic convulsions and psychoses.

In regarding epilepsy as an organic disease of the brain, he points out that he maybe going further than some other observers, but he supports his view by "the unsatisfactory results of treatment in the majority of cases, the overwhelming numbers of epileptics who become victims of the confirmed disease, and the progressive character of both the paroxysmal and interparoxysmal symptoms." - William Aldren Turner, M.D., review in "The British Journal of Psychiatry", July 1907.

"Though starting with what seems to us a defective definition of the disease, making loss of consciousness its essential feature, this is an excellent monograph on the subject of Epilepsy.

The scope of the book is somewhat limited, but the more important facts are most satisfactorily handled.

Turner considers epilepsy a sign or stigma of a neuropathie inherited disposition, based on certain well defined structural defects.

The psychic features of the disease are well discussed and

the general epileptic character is recognized as not solely a consequence of the seizures but an expression of the same nerveous constitution which gives rise to the convulsion, Mental failure is not itself an essential feature of the disease.

As regards the pathologic anatomy, the actual causal lesions are, he thinks, to be looked for in the intravascular clottings or thrombi which are found in these defective brains, the other lesions are secondary.

Certain types of epilepsy may also be attributed to autointoxications.

As regards prognosis, he sees little difference between hereditary and non-hereditary cases as regards complete arrest of the attacks, but the latter are more amenable to improvement." - Review in JAMA, 27 July 1907.

> *"Epilepsy. A Study of the Idiopathic Disease, By William Aldren Turner, 1973. Few medical books are worth reprinting more than 60 years after first publication, but there is sometimes an advantage in having a good account of careful clinical observations made before effective treatment was available". - Review in "Journal of Neurology, Neurosurgery, and Psychiatry", 1975.*

The Fluids and Secretions of the Body in Epilepsy Chemical Pathology Auto-Intoxication

"Owing to the apparent insufficiency of the pathological changes hitherto found in the brains of epileptics to account for the characteristic paroxysmal manifestations, a school of observers broke new ground in their endeavours to find the exciting cause of the severer epileptic convulsions in biochemical changes.

In the majority of instances of genuine idiopathic epilepsy, the cause of the recurring convulsions is quite unknown; but numerous observations made during the past 12 or 15 years seem to suggest that a possible explanation

may be at hand in auto-intoxication.

The acceptance of this view necessitates a belief in one or other of 2 important factors:

1. The formation of poisonous substances in the gastrointestinal tract, and their absorption into the blood;
2. The development of one or more toxic agents through disturbance of the bodily metabolism.

The general conclusions, which may be formed from a consideration of the researches upon this subject, are contradictory and confusing, but a resume of the more important work may not be out of place in this chapter." - Dr William Aldren Turner, MD in "Epilepsy, A Study of the Idiopathic Disease", 1907.

Toxaemia as a Factor in the Cause of Epilepsy

"**We have at least obtained evidence which forcibly suggests that epileptic seizures are sometimes the consequence of toxic substances produced in the intestinal canal, and that the formation of these substances is related to processes of a putrefactive nature.**

If, as we suspect, intestinal putrefaction plays a role in the causation of some cases of epilepsy, it is certainly operative only in determining seizures, and probably acts in most cases, and perhaps in all, upon that predisposition to the excessive liberation of nerve force, which we must recognize as by far the most powerful factor in the causation of the disease." - Dr C. A. Herter, MD, Lecturer Anatomy and Pathology of the Nervous System, New York Polyclinic & Dr E. E. Smith, PhD, in "Researches Upon the Aetiology of Idiopathic Epilepsy", New York Medical Journal, 1892.

Attacks of Convulsions can be Avoided or Lessened

"We know that attacks of infantile convulsions can be avoided or lessened by intestinal purging, enemas, and intestinal antiseptics. This directs attention at once to the food ingested.

In most cases of epilepsy there is no pathological lesion, excluding, of course, traumatism; the attack appears after a hearty meal. Such attacks are lessened or aborted by cleansing the intestinal tract thoroughly. In static seizures the accepted treatment is limited diet and intestinal cleansing by antiseptics and high colonic irrigations.

Dr. Frederick De Lue, of Boston, also discussed the paper and spoke highly of advocating a diet. In view of this testimony and my own experience, I believe that food is the dominating cause of epilepsy.

I think that if epileptics were tested and the foods containing the proteins which reacted positively were eliminated from the diet, we would see a great improvement in the patients, if not an actual cure of the disease.

I am inclined to believe that rheumatism and neuritis may also be caused in some cases by protein sensitization, just as in the case of skin disease and epilepsy.

In certain digestive disturbances, however, sensitiveness to certain proteins has been definitely shown to be the underlying cause." - J. Francis Ward, MD, in "Protein Desensitization From the Point of View of the General Practitioner", New York Medical Journal, 20 July 1921.

Acid Intoxication in Epilepsy

"P. Pini - Rivista Sperimentale di Freniatria xxvii, 1. Reggio Emeiia, injected into rabbits brain substance from cadavers of epileptics causing no symptoms of intoxication but a slight rise in temperature.

Injection of 2 to 5 c.c. of epileptic blood, in the intervals between seizures, had no effect on the animals, but the injection of 1 to 3 c.c. of blood drawn during an attack,

produced paralysis of the hind legs in the rabbits, and death in 40 days.

The facts with those noted at the autopsy of twenty epileptics who had died in the status led Pini to conclude that epilepsy is an acid intoxication due to some abnormal process in the formation of uric acid, the paroxysm being an effort to rid the system of morbid metabolism." - in "The Alienist and Neurologist", 1901.

Gluttony or Food Poisoning As a Cause of Symptomatic Epileptic Convulsions

"The first few cases of symptomatic epileptic convulsions that I saw in middle aged men in which convulsive attacks invariably followed gross over-indulgence in eating and in drinking, did not impress me as constituting a class of sufficient importance to warrant their being placed in a group alone.

But having seen eighteen or twenty such cases during the past two years, I have come to believe that they represent a distinct phase of the subject that it is well worth calling especial attention to, particularly since they are usually so amenable to treatment; substantially all of them making satisfactory recoveries when treatment is promptly instituted and observed as long as the nature of the case requires.

The cases of this kind that do not turn out well under treatment are those in which the patient is unwilling to deny himself the pleasures of the palate, except spasmodically and immediately after he has had a convulsion. But unfortunately the lesson learned at such times is soon forgotten, and all such individuals stand in danger of ultimately becoming confirmed epileptics of the so-called "habit" type, and to suffer all the mental and physical accompaniments of that affliction.

Usually those who suffer in the way I am about to describe are between 35 and 45 years of age. Most of them are men of robust, frequently plethoric physique; all are

hearty eaters; all lead more or less inactive, indoor lives, and some are heavy drinkers.

When the latter factor complicates the case, the prognosis is less hopeful than when there is excessive food consumption only; not because the type of convulsions induced by alcoholic indulgence yields less easily to treatment, but because the drink habit is not so readily broken.

It seems that there need not be insanity, or alcoholism, or epilepsy, or some other nervous affection in the ancestors in such cases as these, but a stomach disorder of pronounced type, like an aggravated dyspepsia, may make its influence felt in some obscure way in the offspring.

A very intelligent professional man, 40 years of age, came under my care eight years ago. He was subject to symptomatic grand mal attacks that invariably appeared the day following gross dietetic indiscretions, such indiscretions usually occurring between midnight and 2 a.m. He had a weak stomach and could digest certain foods only. On investigation I found that his father suffered the better part of life in the same way.

The father respected his nutritional peculiarity, but the son did not; so the father escaped anything more serious than a severe, periodic dyspepsia; while the son was threatened with becoming a confirmed epileptic. After having an attack while speaking in a public hall once, he realized his danger, changed his manner of living, and had been free from attacks for five years when I saw him last on 24 November 1904.

The primary cause of convulsive attacks in cases of over-eating and over-drinking in certain individuals seems to lie, first, in a weak stomach, and, second, in some disorder of metabolism. Not only is the amount of food habitually taken by such persons beyond all reasonable requirements, but it is usually of an improper kind, and is taken to gratify what seems to be an abnormal appetite.

The type of convulsion usually induced is of the grand mal variety, though it is not definitely fixed. So long as the attacks remain grand mal only, the case is less likely to pass

into "habit" epilepsy than when the type changes. The last case of the kind I saw was that of a newspaper man, 38 years of age, who suffered grand mal attacks for some years, but whose dietetic habits were so atrocious that the seizures at the end of that time changed to infrequent grand and very frequent petit mal, with the result that some mental enfeeblement is becoming apparent, his memory in particular-failing. This annoys him painfully, for in his work a good memory is a necessity. Along with the change in the type of his convulsions have come periods of marked automatism.

The day before I saw him he had a breakfast of cereals, eggs, fried potatoes, pancakes, and coffee; a hearty dinner at noon of a rich soup, chicken pie, several vegetables and pudding, with wine sauce for dessert; for supper he had a heavy meat pie, of which he ate heartily, three large baked potatoes, three pieces of apple pie, and three cups of tea; and yet he wondered why he suffered so much from headache, from his stomach, from eructations of gas and flatulence and attacks of momentary unconsciousness that were increasing in frequency, and that, worst of all, were fast undermining his mental faculties.

He had written me two letters within a week, one on the day before I saw him, and yet he could not recall my name when I met him. While the indications for treatment in such cases are plain enough, they are not so easily carried out. The cause of the convulsions must be sought in toxic states due to faulty metabolism. We must first eliminate waste and toxic products, and then plan a course of treatment which will prevent a recurrence of such products.

The first thing is to place the patient upon a healthy diet.

There are plenty of food stuffs that are light, nutritious, and easily digested that can be substituted for the grosser food stuffs such persons are accustomed to consume in large quantities. Then insist upon absolute regularity in taking food, and teach the patient to have a wholesome respect. If there is a tendency to constipation, correct it by daily doses of the fluid extract of cascara sagrada, given some time before breakfast. Stop all use of alcohol.

Let the patient take as much out door life as possible, the more the better. Hydrotherapy is of great value.

Under this simple regimen and course of treatment the majority of such cases soon experience great relief and eventually complete cure.

But let such patients understand that they can keep well only by right living." - Dr William P. Spratling, MD, Medical Superintendent, Craig Colony for Epileptics; President of the National Association for the Study of Epilepsy and the Care and Treatment of Epileptics; Member New York Academy of Medicine, Etc. in "Medical Record", 28 Jan. 1905.

Dental Irritation as a Factor in the Cause of Epilepsy

"In all the wide divergence of view as regards the nature of epilepsy there is a general consensus of opinion that its essential feature is of the character of an explosive discharge from the higher nerve-centres, the nerve-force thus liberated bearing down upon the centrifugal distributions of the motor nerve-tracks with such an excess of energy that inco-ordination of movement reaches the stage of convulsion and spasm.

Owing to the periodicity of the convulsive seizures, it has been assumed that in individuals predisposed to epileptic attacks the higher nerve centres are in a state of high tension, of unstable equilibrium, and that it only requires a stimulus of a definite quantity or intensity to excite the explosive discharge.

It can scarcely be doubted that these cases in them all a morbid action, even though slight in amount, is necessary to call forth the nervous discharge.

The morbid process may be centrally located and beyond the reach of investigation, or it may be peripherically located and exciting the convulsion in a purely reflex manner. It is fully conceded by all that injuries to nerves, diseases of the ear, intestinal worms, phimosis, uterine troubles, etc., are all not uncommon peripheral causes resulting in epileptic attacks.

To quote the recent views of a very competent authority upon nervous

diseases, Prof. H. C. Wood. In commenting upon the convulsion due to a peripheral irritation, he says, " It is almost invariably epileptiform in its general symptoms, and may conform exactly to the typical epileptic at tack", and, while admitting that many of these reflex convulsions partake largely of the hysterical character, he further says:

> *"There are, on the other hand, convulsions which conform to the epileptic type, and which are the result of an organic peripheral irritation." - Nervous Diseases and their Diagnosis*

A remarkable feature of the epileptic convulsion is its periodicity. It is proved

beyond question that the higher nerve-centres of the brain act not only as inciting but also as inhibitory centres to those of a lower level.

They are at once reservoirs of nerve-force and regulators of its dispensation. If, there fore, a morbid process at the periphery continuously attack, through nervous intermediation, these higher nerve-centres, it follows that these in time must have their resisting power overcome at intervals and at successively higher levels, until a final one is reached, when control is no longer possible.

The unremitting irritation having at last overcome the resisting power of the highest nerve-centres, their energy is suddenly liberated and the organism is flooded with waves of uncontrollable centrifugal energy, until exhaustion brings about a temporary equilibrium.

The object of this paper is to direct the attention to a cause of epilepsy pathological state of the dental structures. Dental inflammations and disorders are more often provocative of epileptic seizures than is commonly supposed appears quite certain from the following cases, and also from the character of the cause and its effect. Many reasons might be given why dental disorders are peculiarly adapted to call forth this

periodical discharge, and why these disorders are habitually over looked by the physician.

The following case occurred at the Orthopaedic Hospital and Infirmary for Nervous Diseases, in the clinical service of Dr. Wharton Sinkler.

Case I.—Mary L., age 9, brought to the hospital in October, 1886, history of epilepsy dating from May.

The convulsive attacks first made their appearance on the afternoon of the same day that the child had had three teeth extracted on account of repeated attacks of toothache.

One decayed tooth, however, was left remaining in the lower jaw. Previous to coming to the hospital the epileptic attacks occurred two and three times a week. There was no neurotic history in the family. She was placed upon from 3 to 5 drops of the fluid extract of cannabis indica for two weeks, during which period she had twelve attacks.

About the 1st of March the mother made the remark that the child was always extremely restless at night; that she would lie awake for hours complaining of toothache ; and even when asleep she would continually grind her lower teeth against the upper teeth. Examination of the mouth revealed a carious and inflamed condition of a molar tooth in the lower jaw on the left side.

From the history of the case, and the possibility that the irritation arising from the diseased tooth might be the exciting cause of the attack, it was concluded to have the tooth removed. The night following the child rested much better, and from that time forward her sleep became natural, her appetite improved, and her general health became decidedly better. From the last week

in February until the present time (19 December 1887) she has not had a single symptom of an epileptic attack. That a dental irritation should be capable of exciting an epileptic condition does not appear at all strange when it is fully comprehended how numerous are the recorded cases of ocular, aural, visceral, muscular, and nervous disorders which have been caused by the irritation arising from the pathological conditions of the teeth and associated

structures.

The interest aroused by the result of the preceding case led to an examination of medical literature for reports of similar cases.

I find that no less than sixteen cases, entirely and immediately cured by the removal of an irritating tooth, have been recorded by different observers, and they are here arranged in chronological order.

The injurious effects of diseased teeth, and the irritation arising from them, in the production of many general diseases did not escape the acute mind of Dr. Rush.

In a paper published in his collected works (Enquiries and Observations, vol.i. p.199) he records the following:

CASE II.—"I was consulted by the father of a young gentleman in Baltimore who had been afflicted with epilepsy. I inquired into the state of his teeth, and was informed that several of them in his upper jaw were much decayed.

I directed them to be extracted. I had lately the pleasure of hearing from his brother that he was perfectly cured."

Dr. Ashburner published, (On Dentition and some Coincident Disorders, p. 98) in 1834, a number of remarkable cases of hysteria, spasms, convulsions, etc., due to diseased conditions of the teeth. Among others was the following case of epilepsy:

CASE III.—A young lady of highly nervous temperament was attacked with epilepsy in the eighth month of her first pregnancy. She had two attacks before her labour. Seven months after wards the fits reappeared, and occurred 2 and 3 times a week. Various methods of treatment were resorted to without success. For a while the intervals between the attacks were somewhat longer, and for a while they appeared twice daily. An examination of the mouth revealed 7 carious teeth, which were at once removed. Three wisdom-teeth were prevented from erupting on account of a cartilaginous condition of the gums. These obstacles were removed. The epileptic fits at once ceased, and after several

years they had not returned.

CASE IV.—Albrecht relates (Casper's Wochenschrift, 1837, p.125) the case of a boy, aged 12 years, who for a period of 6 months suffered daily with general convulsive attacks. Just preceding the attack there was severe pain in the temporal region. Examination of the mouth revealed an overcrowded condition of the teeth, which were in addition unusually large. After removal of some of the teeth the convulsions subsided, and in a short time entirely disappeared.

CASE V.—Dr. Tomes published (System of Dental Surgery) the following: "A lad from Windsor, was admitted into the hospital for epilepsy. The usual remedies were tried for six weeks without effect. His mouth was then examined, and the molar teeth of the lower jaw were found to be much decayed, and of some of these only the fangs remained. The decayed teeth were, removed, and the fangs of each were found to be enlarged and bulbous from exostosis (benign outgrowth of cartilaginous tissue on a bone). During the 18 months that succeeded the removal of the diseased teeth he had not suffered from a single fit, though for many weeks previous to the operation he had two or three per day."

CASE VI.—Dr. Baly records (London Med. Gazette, xlviii., pp. 534–540) the history of a case of epilepsy from dental irritation, occurring in a man, age 45. In the latter part of October, 1850, he began to suffer from toothache. On 4 November the tooth was examined, but on account of its carious condition and deficient light it was not extracted.

On the 6th the muscles of the right side of the face began to twitch. The muscular spasms lasted 4 or 5 minutes, and occurred three or four times a day. "At these times, when the twitchings had reached a certain degree of intensity, the jaw became locked, and he lost the power of speech; but he had no pain in the head, giddiness, or sense of stupor. The paroxysm of spasm in the muscles of the right side of the face and jaws recurred the next day, and on the following day, the 4th after the examination, the twitchings became

more violent, and his jaw locked. He had the sensation of all his teeth falling out, and then lost consciousness. A strong convulsive fit ensued, which lasted half an hour; the same night he had a second fit."

A third attack occurred before morning. The next day the tooth was extracted, together with a small piece of bone attached to the root.

For 1 month the patient was perfectly well, but on the 7 of December, in the middle of the day, he again experienced the spasmodic twitchings, and at the same time became conscious of the existence of some thing protruding from his jaw; with his fingers he removed a piece of dead bone.

In the evening of the same day the spasmodic contractions of the face occurred several times. On the night of December 8 he awoke with a spasm in the cheek, and upon getting out of bed fell upon the floor unconscious; a general convulsive fit followed, during which there was foaming from the nose and mouth. At 6 a.m. a second fit followed more violent than the first, and lasted 5 minutes. In the intervals of these attacks there was considerable uneasiness and confusion of mind. The next night he suffered a return of the fit. Examination of the mouth revealed a swollen and tumid condition of the gum, but there was no discernible source of irritation. He remained well until 22 February, when he had, for the space of ten minutes, the same premonitory twitchings in the muscles of the face, but no real fit. A small piece of dead bone was extracted from the gum, after which the old wound healed, and the patient entirely recovered.

In 1857, Dr. Sieveking read (Lancet, June, 1857) before the Royal Medical and Chirurgical Society a paper entitled "An Analysis of Fifty-two Cases of Epilepsy." In the discussion that ensued Sir Charles Locock said he had noticed in the paper the omission of a very common cause of epilepsy,—viz., dentition. He could not agree with Dr. Ashburner that all cases of the disease could be cured by the removal of the teeth; but he had certainly seen the affection cured in more than one instance by removing overcrowded teeth.

Case VII.— Dr. Ramskill publishes (Med. Times and Gazette, 1862, vol. ii. p. 216) the following: "A boy, 13 years old, has had frequent attacks of epilepsy for the last eighteen months. Latterly, his mother noticed that some days he rubs his left cheek, complaining of faceache, after which the fit follows.

On examining the mouth, there is to be seen a molar tooth considerably decayed, with a swollen gum around it and partly growing over into the cavity : it is not very tender to the touch, and the examination does not give rise to toothache. On questioning, I find the sensation which the boy experiences before the fit does not seem to be one of pain, but rather of indefinite uneasiness. He always has a fit the night this comes on. Has never felt it during the day; it is always about 7 or 8 o'clock. I desired the mother to have the tooth extracted. This was in June. The tooth was extracted next day. I saw this boy once a fortnight from that time for four months, but he had no recurrence of the fits. In this case I believe an unfelt aura commenced about the gum surrounding the tooth, and was not recognized till some degree of inflammation arose, and thus a modification of pain became associated with the aura and directed attention to it."

Case VIII.—Trousseau relates ("Clinical Medicine", New Sydenham Soc, vol.i) the case of a patient, who had been subject to monthly attacks of epilepsy for several years. Many remedies had been tried in vain. Dr. Foville suggested the extraction of some carious teeth which ached constantly. The suggestion was acted upon, and from that day the fits disappeared.

Case IX.— Dr. Garrett related the following case before the Suffolk District Medical Society, and was reported by Dr. Page (Boston Med. and Surg. Journal, 8 Nov. 1860): "A man, aged 50 years, had suffered with his teeth for years; these had been extracted and artificial ones substituted. He became paralyzed in the muscles of his face and tongue.

There was a peculiar drawing of the mouth, from which the aura epileptica came just previous to the fit; the tongue was inclined to fall back within the mouth; he was fearful of swallowing it. In investigating the case Dr. Garrett removed the false teeth, and found the soldering discolored; he went back to his dentist, had a rubber plate made, and had no further attacks of epilepsy; the paralysis gradually subsided."

Case X.—W. H. Waite reports (British Journal of Dental Science, 1863) the case of a young woman, aged 18, who consulted him for treatment for a carious condition of the incisor and canine teeth of the upper and lower jaws. The teeth had been diseased for 4 years, and were very sensitive.

For 3 years the patient had been subject to epileptic attacks, which were at first quite slight, but had gradually increased in severity. After removal of the diseased teeth and filling of others, the epileptic fits entirely ceased. After some months the fits returned, at tended with sharp, shooting pains in the alveolus. Examination showed that several other teeth had become decayed. These were removed, and from that time on there was no recurrence of the epilepsy, and the patient increased in health and weight.

Case XI.— Dr. Nathan Field reports (Western Journal of Medicine, 1869) the case of a boy, about 5 years old, who was suddenly seized with an epileptic fit. In 2 weeks he had a second attack, which passed away after a few minutes. In the course of the next 10 days it was estimated that the boy had a thousand convulsions, occurring every few minutes. No cause could be assigned. It was finally observed that before the appearance of the convulsion there was a twitching of the muscles of the left side of the face.

Finally, after a severe convulsion, while the child was unconscious, he drew up his upper lip, when it was observed that the canine tooth had, instead of causing absorption of the deciduous tooth, pushed it outward through the alveolus, the gum, and into the lip. The tooth was removed, and in less than an hour the convulsions

subsided and never appeared again.

Case XII.—Mr. Canton related (Proceedings Odontological Soc. of Great Britain, 1880) the history of the following case: A strong, healthy boy, aged 19, who had become the subject of epileptic fits. As the cause of the fits could not be ascertained, it occurred that they might be due to the eruption of a wisdom-tooth. The gum was freely incised, and the crown of the tooth laid bare. From that time the fits never returned.

Case XIII.—Mr. Henry Moon related (Ibid., 1882) the following case: "The patient, a girl age 21, her teeth were in a very bad state. She had suffered from fits since she was fourteen, and lately they had become so frequent as to reduce her almost to the condition of imbecility. On examining her mouth, a third molar was found in process of eruption; this he lanced freely. Some carious teeth were extracted and others were filled. The result was that the fits entirely ceased. The girl recovered her intellect, and although she was kept under observation for several months, she had no return of the fits."

Case XIV.—Dr. Schwartzkopf reported (Journal British Dental Assoc., 1886) the following case in the Deutsche Monatschrift fur Zahnheilkunde, 1886: "A man, aged 27, suffered severe pain in the right upper central incisor, which was carious, and consulted a dentist, who filled it. Soon after this a swelling appeared in the hard palate, where an opening formed. The patient was now easy, but the tooth continued loose and tender when touched. The fistula also remained patent and discharging. Ten days after the tooth was filled the patient had an epileptic attack, and these recurred at gradually shorter intervals until, at the end of 18 months, they occurred several times a week. The tooth was then extracted, the fistula healed, and the fits ceased, and, at the time of reporting, the patient had remained free from them for 4 years."

The 2 following cases are reported (Deutsche Medizin. Wochenschrift, Sept. 1885) by Dr. Liebert:

Case XV.— Emil S., aged, 25, in good health and no neurotic tendency, began to suffer with attacks of vertigo in February, 1883. Had in the 4 months several hundred attacks of vertigo and 20 typical epileptic convulsions.

These attacks lasted several minutes, after which the patient appeared perfectly well. On another occasion, however, the vertigo was so severe that he was compelled to sit down to keep from falling. On one occasion he lost consciousness. By April 25 the attacks had greatly increased in severity. On this day he had such a severe epileptic attack that Dr. Liebert was called in. The patient had been lying on the floor for 15 minutes wholly unconscious and most of the muscles of the body in a state of tonic contraction; the pupils were of medium width and insensible to light; there was also a fresh wound of the tongue. After careful inquiry, it was learned that just previous to the attacks the patient experienced a peculiar tickling or crawling sensation in the tongue, an inability to speak words distinctly, and some involuntary movements of the tongue. Immediately after there followed the giddiness, the fall, unconsciousness, etc. Finally, in June, he began to suffer with toothache. Examination of the mouth revealed several carious teeth, one of which was very sensitive to percussion. This was extracted, and from that moment all peculiar sensations and motions of the tongue ceased, and there has not been in the past two years a single epileptic seizure.

Case XVI.—Young man, set. 35, had epileptoid vertigo for 3 or 4 months and severe epileptic attacks for 38 days. Began having epileptic attacks on 3 February 1862, which came on almost daily and with increasing severity. On 5 March he had 23 seizures. With the exception of toothache he had never been sick. Repeated inquiries elicited the information that from December 1861, the use of his tongue was for some seconds, or even minutes; frequently rendered difficult, and this fact was coupled with a certain feeling of illness or

vertigo. In the attack of 3 February 1862, these symptoms were exceptionally severe, the tongue being drawn to the right side and executing spasmodic movements. Immediately thereafter he became unconscious and fell to the floor in convulsions. The tongue symptoms were usually premonitory of the frequent subsequent attacks. Owing to the fact that the aura appeared to be connected with the mouth, it was determined to seek for the cause in that locality. As he had had toothache occasionally, several carious teeth were removed.

The patient at once declared that he felt an unwonted freedom from a former oppressive feeling, and that he believed he would have no more of the seizures. He remained free from them from that time forth." - Dr Albert P. Brubaker, MD in "The Therapeutic Gazette", 1888.

Chapter 24

Back Pain

In back pain, there are 2 main sources in the origin of the pain.

1. The most common is a physical Misalignment in the Musculoskeletal System, caused by injury. To solve this type of back pain an Osteopathic Manipulation or Chiropractic Adjustment is required.

2. The second most common cause of back pain is inflammation of the nervous system caused by Gastrointestinal Toxaemia. This can be corrected by Hydropathy.

Backache and its Treatment

"Backache is a frequent symptom in women coming to a gynecological dispensary service. In a record of 1,000 cases 25%, or more were found to present this symptom.

The seat of pain is the lumbar, the sacral or the coccygeal region.

The lumbar pains are usually due to some general disorder while the sacral and coccygeal pains are more frequently due to some disorder of the pelvic viscera, such as lacerations, displacements, inflammations or tumours.

The most frequent cause of backache is neurasthenia and this in turn may be due to the pathological condition of the pelvis. Back ward displacements are particularly prone to cause backache, due perhaps to impeded circulation. It was present in this condition 194 times and absent only 40 times. Backache was noted in 46 patients without gross pelvic lesions. Many of these doubt less had under developed or cirrhotic ovaries. Backache is sometimes due to toxemia from intestinal absorption or imperfect metabolism, also to

congestion of the menstrual period. Pain in the coccyx is due to inflammation, dislocation or fracture.

It is often a pure neurosis.

Many diseases of the bowels, muscles, kidneys and nerves, which give rise to backache are not referred to in this paper.

Toxic and Lumbar Backaches are treated with: Laxatives, Diuretics, and Colon Irrigation.

Some are given salol, salicylates or iodides. To the congestive type are administered ergot, digitalis, strychnin and bromides. The anaemic are given iron and tonics." - Dr. William E. Parke, MD in "Backache and its Treatment", New England Medical Monthly, Vol. XXV, January, 1906.

Chapter 25

The Cause of Acquired Gout

"The Cause of an Acquired Gout in the first Person, or in those born of found Parents, seems to me, to be the Abundance of Tartarous, Urinous, or other Salts, introduced into the Blood by the Food. This may seem too general a way of accounting for the more immediate Causes of a Particular Distemper since the same Principles, with proper Limitations from Circumstances, will account for most Chronical Diseases.

For it is Fact, That Abundance of Urinous Salts disposes towards Inflammations, and Plenty of acid Salts, tears, rends, and excites Pain. High seasoned rich Foods supply the former, as generous strong Liquors, (the Diet of the Gouty, as is afterwards shown) do the latter.

Physicians know how close a Connexion, and near an Alliance Chronical Diseases have to one another.

After all this Management, should the Gout still continue in the Stomach, and become habitual (which it seldom does after such a Method taken in time) nothing but a long Course of the Bath Waters, with Steel, Bitters, and gentle Stomach Pursers, a regular Diet, and proper Exercise, can effectually cure it." - George Cheyne, MD in "An essay of the True Nature and due Method of Treating the Gout", 1723.

The Formation and Excretion of Uric Acid: considered with reference to Gout and Allied Diseases

"The diseases to which I shall attempt to apply my results are gout, the connection of which with uric acid is distinct and well proved, a certain form of headache (Medico-Chirurgical Transactions, Vol. IXX.) and some cases of epilepsy, (Neurologesches Centralblatt, March 1st, 1888) between which and the excretion of uric acid I have shown a very definite and, I believe, causative relation ; and lastly, rheumatism, either acute or chronic, the connection of which with uric acid, though in many ways extremely probable, is not yet so definite as in the case of the above-mentioned diseases.

Shortly stated, my results show:

1. that the excretion of uric acid can be controlled by drugs and food.

2. My researches make it probable that when the excretion of uric acid is diminished, relatively to the urea, its diminution is due to its retention and storage in certain organs, as the liver and spleen, and perhaps other tissues; and conversely when it is increased relatively to the urea, its increase is due to a washing out of some part of the store previously deposited in these organs.

3. That the formation of uric acid bears an almost constant relation to that of urea; but that its excretion may be varied, as I have just said, by drugs or food to a considerable extent.

4. That uric acid is probably never in excess in the blood, except when from continued retention of small quantities, there has been an accumulation of several grains in the liver and spleen, which is all at once swept out into the blood by a

reversal of the process which previously caused the retention.

5. That the excess of uric acid in the blood, resulting from the sudden washing out of a previous accumulation in the liver and spleen, is a sufficient cause of many of the phenomena of uric acid diseases.

6. That all drugs and foods which diminish the solubility of uric acid diminishes its excretion, and lead to retention and accumulation; and conversely all foods and drugs which increase its solubility facilitate its excretion and prevent retention.

7. That drugs which diminish the solubility and excretion of uric acid are harmful in diseases connected with it, while drugs which increase its solubility and so prevent retention and accumulation, are useful in the same diseases.

Some 6 or 7 years ago, being a regular sufferer from a severe form of migraine, and obtaining only very inadequate relief from much advice and many drugs, I began to make careful notes of the circumstances of my trouble, and to note especially all food, drugs, exercise and other conditions which had any real or supposed connection with it. For a long time there was little result, till on giving up meat I at once found the intervals between attacks prolonged, and persistence in this change of diet gradually produced almost complete immunity; an immunity which continues to the present time, but only so long as the diet is adhered to, and I have now been for four or five years an almost total abstainer from butcher's meat, beer, wine and cheese, though I have, to some extent, replaced the meat by an increased quantity of milk and fish; but even now any serious infringement of these diet rules is pretty sure to be followed by a headache.

The results I obtained by leaving off meat and the relationship noticed by many observers between this headache and gout, led me to examine the urinary excreta, and my paper in the Medico-Chirurgical Transactions, on

"The relation of a certain form of headache to the excretion of uric acid", was the result of this investigation.

And having found out in this way the remarkable fluctuation in uric acid excretion corresponding to the headache, I began to speculate as to its cause, and was then led, by observing the strong acid reaction of ales, and their important connection with gout, to try the effects of acids on myself, and from that I went on to try alkalies and numerous other drugs.

Having found, as detailed in the Journal of Physiology, that acids always diminished the excretion of uric acid, and caused it to be retained and accumulate (as supposed) in the liver, spleen, &c., and also that alkalies always increased its excretion by washing it out from these organs, and afterwards preventing its retention, it became at once easy to explain why my headaches had been less frequent and severe when I left off meat, beer, cheese, &c., and this was further elucidated by some experiments with meat, taken for the purpose.

Which showed that while it increased the formation of both urea and uric acid in their natural proportions, its phosphates and sulphates increased acidity, and so caused retention and accumulation of uric acid in the liver and spleen, and when on some future occasion, from an accidental diminution of acidity, or excess of alkali in the food, this store was swept out into the blood, a headache was the result.

And I soon found that by causing retention of uric acid for a few days, and then rushing it all out into the blood with an alkali, I could produce the headache at will.

Also that when uric acid was in excess in the blood, and causing a headache, I could drive it out of the blood back into the liver and spleen, and stop the headache by taking an acid, and I have repeated this experiment many times both on myself and others, and have also numerous records of cases treated by myself or others where diet and acids have acted in precisely the same way as in my case, so that I have come to regard this uric acid headache as a good starting point, from which we may reason to other diseases

connected with uric acid.

Foods may increase acidity directly by the acids or acid salts they contain, or indirectly by causing dyspepsia and acid fermentation processes in the stomach or intestines (see dyspepsia later on). They may diminish acidity by the alkali they contain, as Sir W. Roberts says that the alkalescence of the blood is probably due to the preponderance of alkaline bases in our food. The same reasoning applies to epilepsy, and there is some reason to suppose that the centre (vaso-motor) which is weak and irritable in this disease, is very closely related to that which is affected in headache. (See Prof. Du Bois Reymond quoted by Dr. Liveing, "Megrim and Sick Headache," p. 300.)

I have shown the excretion of uric acid can be altered in various ways by diet or drugs, and it does not necessarily pass out along with the urea corresponding to it, but may be to some extent retained and kept back for several days; and then, at some future period uric acid excretion will be in excess of the urea to a corresponding extent.

And when such a sweeping out of retained uric acid occurs, i.e., when any drug or food is taken, which increases its solubility and washes out the accumulation in the liver and spleen, some 5-6 or more grains of uric acid may be present for a time (during the plus excretion) in the blood, and this is quite sufficient to account for the headache I have spoken of, for the fits in some cases of epilepsy, for hypochondriasis and melancholia, and for various amounts of arthritic pain up to an acute attack of gout.

So that all these troubles may be caused by continued retention of uric acid without the formation of a single grain of it in excess of its normal relation to urea 1-33. And this relation 1-33 gives the key to the whole situation, and enables me to say on any given day whether uric acid is being retained, or excreted in excess, and also gives me the means of estimating roughly how many grains have been retained during a given period, and therefore how many grains it is in my power to sweep out if I please, by giving a food or drug which will increase its solubility; and in this way it is in my power to cause or prevent the above form of

headache at any tune, and I believe the same applies to some cases of epilepsy. But I cannot cause the headache without also causing plus excretion of uric acid, or cure the headache without at the same time diminishing or stopping the plus excretion; and I argue from this that the uric acid is in excess in the blood at the time it is passing in excess in the urine, and that its excess in the blood is the cause of the headache, the epileptic fit, and the arthritic pains, and I have shown in the papers previously mentioned that uric acid is in excess in the urine at the time of the headache and of the epileptic fit.

There are many connections between gout and insanity, especially when it puts on the form of melancholia. And gout has been known to alternate with or replace attacks of the last-named mental disease, just as it has been observed to alternate with attacks of headache or epilepsy; and it is possible that there may be found every gradation of psychical abnormality from mere depression of spirits and bad temper up to melancholia and suicidal, or other forms of mania produced by uric acid retention It may also be remarked that the diet which is useful in headache and in epilepsy is of use in some forms of insanity; see (T. S. Clouston on "The Treatment of Insanity of Adolescence," Practitioner, Vol. I, 1881, annotation on p. 221.)

> *Dr. Broadbent in the Croonian Lectures, of 1887, makes some very interesting remarks on this subject. Thus, speaking of the pulse in melancholia, he says, "An unbroken series of gradations may be traced from the irritability and depression of spirits attending functional disorder of the liver up to complete melancholia with delusions"; and he further says that protracted high arterial tension is a very constant symptom of these cases, and he goes on to say" if it (high tension) is not itself the cause it is, at least, the index of the condition of the state of system on which the mental condition depends."*

Dr. Broadbent's remarks on the pulse in epilepsy are of great interest, and especially what he says about some cases of this disorder which are associated with chronic high tension of the pulse, and are found to be very amenable to a diet with a restricted amount of animal food.

It is now easy to see why an attack of mania, melancholia, or headache should sometimes come to a sudden termination in an attack of gout (and not a few such cases are recorded).

For anything that drives uric acid out of the blood (as a rise of acidity), will drive it into the liver and spleen, and, as will be seen later on, probably into the joints also, and when this takes place to any large extent, an attack of gout is the result; and indeed it is easy to bring on an attack of joint pain and inflammation in a gouty patient by giving acids.

The very common association of Interstitial Nephritis with Gout is, I think, greatly in favour of this view of its causation, and Dr. Norman Moore, in an article on the morbid anatomy of gout gives as one of his conclusions the following:

> *"That chronic interstitial nephritis is found in a large proportion of those bodies in which urate of soda is to be seen in the joints."*

It may not be without interest to point out that in accordance with this explanation of its causation. Gout may be regarded as a self-curing disease, for just as it takes origin in the plus acidity of vigorous nutrition and some excess of food, resulting, as we have seen, in retention of uric acid; so when a severe and painful attack of podagra has lasted for several days, metabolism is reduced both from diminished exercise, and probably also from diminished ingestion and digestion of food; there is diminished formation of uric acid and urea, and, what is more important, diminished acidity, so that the stored uric acid can find its way out of the body and the circle of life gradually rights itself. There is an important point with regard to the way in which exercise tends to prevent gout; thus Sir A. Garrod says:

"Cullen remarked that gout seldom attacked persons employed in constant bodily labour, or those who live much upon vegetable diet."

The reason why the same poison (uric acid) in the blood produces in one person gout, in another rheumatism, in a third headache or hypochondriasis, in a fourth epilepsy or mania, is no doubt to be found to some extent in the amount of uric acid that has been accumulated, and the length of time during which it is in excess in the blood; but beyond uric acid itself and the conditions affecting its excretion, there are no doubt many factors of formation or function peculiar to each individual, as differences in vessel and nerve distribution, or in formation, growth and nutrition of these and other structures, either inherited or acquired, which determine the point on which the poison shall act most quickly and most forcibly, and so to some extent the effects it produces.

Thus, one patient may suffer early in life from headache or epilepsy, and being thus led to alter his diet and mode of life may escape gout or chronic nephritis, into which a patient with a less sensitive nervous system would have drifted without any warning. The retention is generally the result of the action of acids taken in food or drink, formed internally (as in dyspepsia) or retained by defective skin action.

It is a physiological process occurring to some extent in everybody, and it is only when exaggerated by long continued errors in diet, or in habits, perhaps conjoined with dyspepsia, that it becomes a factor in the causation of uric acid diseases." - Haig, Alexander, Acland, Henry Wentworth, Sir, former owner; Royal College of Surgeons of England, 1888.

What is the Real Etiology of Gout?

"A close personal study of 8 cases of bona fide gout showed that every one of them had present a chronic excessive putrefaction in the intestines. In all of these cases the stools were highly acid from butyric acid formation, a product of putrefaction, and hence bacterial and dietetic in its origin.

During some of the acute attacks the liver, stomach, and intestinal secretions fell off markedly, and then large amounts of indican might be noted in the urine for two or three days. My inferences from the observation of these cases led me to believe that the cause of gout was a chronic excessive putrefaction in the intestine of the saccharobutyric form, in which the acute attacks came on from a sudden over- loading of the general system with toxins from the intestine, but that this intoxication was always more or less present in the intervals.

They suggested to me that in these acute attacks the power of the liver to oxidize the purin bases of the body from uric acid into urea was curtailed, and that an output of uric acid salts, instead of urea, was the result. We are all aware that urea is a very soluble substance, capable of going into solution in any of the body-fluids, while the uric acid salts, being most insoluble and therefore difficult of elimination, accumulate in the body and become deposited where the circulation is at its lowest ebb, viz.: in the cartilages of the small joints and the fasciae.

The diagnosis can only be made by most minute and careful examinations of the faeces and urine, and then only when the individual has been on a carefully selected diet of weighed quantities of food and fluid for several days.

Believing, as I do, that the cause of gout is to be found in the form of intestinal putrefaction mentioned, I have treated these cases along the lines indicated with the most gratifying results.

A diet is selected and made up for each individual in which the proteid content is high, and the sugars and starch-

bearing substances low. A definite amount of exercise was prescribed, equivalent to walking seven miles a day, for the purpose of increasing the general oxidation of the body and that of the liver in particular.

At least 5 glasses of water were taken daily, and a 20 minute immersion bath in warm water every other evening before retiring. Carlsbad salts were used when constipation existed, but no other medicines or alkalies." - Dr Anthony Bassler, MD in "Gout: Its Etiology and Treatment", Monthly Cyclopaedia and Medical Bulletin, 1911.

Gout its Etiology and Treatment

"Gout, in common with most of the katabolic conditions of the human body, has passed through a mass of literature in which the important matter of its true etiology has received hut scant attention. In the early considerations of the subject, the true gouty manifestation of acute inflammation of the small joints and the local and constitutional treatments therefore predominated for many years. After this, and up to the present time, the attention was centered on uric acid as the cause, simply because crystals of sodium biurate were found deposited.

The outcome was a flooding of the American and English physicians with literature in which the terms "Uric acid disease," "Uric acid dyscrasia," "Uric acid diathesis," figured largely, and the vaunting by manufacturing houses of innumerable saline eliminants for the cure of the condition.

Some of the drug firms even went to the trouble and expense of publishing special journals on the subject, and still, throughout it all, we were dealing only with the cause of the clinical manifestations and not the true etiology of the disease. It seems to us that the time has come when we are justified in looking upon the past of this subject about as follows:

Assuming that we have a patient with an Acute Gouty Inflammation of the metatarso-phalangeal joint of the big

toe, by placing him in bed we rest the joint; the flannel and absorbent cotton dressings of the foot increase the warmth and thus relieve the local pain; the milk and reduced diet lower the food intake and therefore minimize the loading of the circulation with toxins from the intestine and the necessity for their elimination by the emunctories, and the taking of large amounts of fluid internally, the saline purgatives, hot baths, etc., increase the elimination.

Treated along these lines the patient finally leaves the bed and is returned to his life activities; but the gout still remains, for we have treated only one of its manifestations." - Dr Anthony Bassler, MD, in "Monthly Cyclopaedia and Medical Bulletin", 1911.

Chapter 26

Insomnia

"Insomnia is a term used to designate a condition of disturbance of the nervous system, characterized by habitual incomplete sleep or by periods of entire absence of normal sleep.

Sleep is a physiological condition in which consciousness is suspended, and during which the body is in repose while its constituent elements undergo nutritional repair. The want of sleep is here due to mechanical defects in the blood-supply and to toxaemia (uraemia), while the insomnia so marked in certain cases of acute nephritis must be ascribed chiefly to toxic principles circulating in the blood.

In anaemia and chlorosis there is frequently sleeplessness by night and drowsiness by day.

Diathetic states, such as undeveloped gout and lithsemia are common, often unsuspected causes of protracted and tormenting sleeplessness. Disturbed sleep, rather than absolute insomnia, is among the symptoms of gastric disorder." - Dr Francis Xavier Dercum, AM, MD in "A Text-book on Nervous Diseases", 1895.

Poisons Causing Intrinsic Insomnia

"In the toxic variety of intrinsic insomnia the cause of the sleeplessness acts primarily upon the blood vessels of the brain, giving rise to some degree of arterial hyperaemia. Cerebral vascularity, especially the arterial supply of the cortex of the brain, is maintained at such a height and so long by some poisonous agent that conscious cerebral activity, that is, wakefulness, is an inevitable consequence.

Such a poison may be introduced into the body from without, or it may be a product of diseased processes arising

within the body itself. Of course, I use the word "poison" in a restricted sense; I do not mean something which, kills, but only something which produces abnormal manifestations in the living body.

The poisons with which we have here to do are not lethal poisons, but milder noxious agents which produce certain distinct and abnormal manifestations.

Tobacco, alcohol, tea and coffee are the external poisons which most frequently cause sleeplessness; internal or autogenetic poisons causing intrinsic insomnia may be found in certain waste products of tissue metamorphosis which accumulate in the bodies of gouty persons, or in the bodies of persons whose kidneys are inadequate.

Possibly, as our knowledge of auto-intoxication shall increase, some other forms of autointoxication may be found to cause intrinsic insomnia, and the exact details of the causal chain may be made out.

Clinical experience has suggested to me that insomnia may sometimes be a neurosis having its origin in toxic absorptions by the gastro-intestinal mucous tract.

Certainly intrinsic insomnia is found in practice to come and go with constipation and the relief of constipation.

The explanation of such association of symptoms may be a toxic one.

The word "copraemia" is coming into medical use, to signify a kind of poisoning of the blood by noxious principles derived from retained faeces. Sallowness of the skin, what may be called faecal anaemia, anorexia, "biliousness," and asthenia mark this condition, and, in some cases, intrinsic insomnia may be added to its characteristics. In the toxic kinds of insomnia we must especially endeavour, as I have already suggested to you, to act upon the maxim: "Cessante causa cessat et effectus”

In gouty persons, quite apart from secondary wakefulness caused by their gouty pains, there may be some intrinsic insomnia, of a kind which is probably toxic in its causation. So, also, intrinsic insomnia may afflict a patient whose kidneys are failing, who has renal inadequacy. In such cases it would seem to appear that the accumulation in the blood,

in consequence of deficient excretion, of the products of tissue-metamorphosis causes a general restlessness which disposes to insomnia. Insomnia so caused is not severe, and it is rarely complete. There is slumber rather than sleep.

There is restlessness, perhaps some excessive irritability to certain external impressions, short and broken sleep, and what may be called superficial sleep, rather than prolonged wakefulness. In this connection I may remind you that you should observe the tension of your patient's pulse.

A patient may complain that he sleeps very badly, that he lies in bed awake for some hours and has great difficulty in "getting off" to sleep, that he sleeps lightly, awakens often, and dreams much. The sufferer from toxic insomnia will ask you what must be done for sleep. This is not quite the question; the question is not what the patient must do, but rather what the patient must not do. The consumption of something must be left off. When you have found out the what and when of that something, the patient's self-control, loyal cooperation, and obedience to your directions are essential to your curing the case.

A discussion of the treatment of gouty insomnia, and of the sleeplessness arising in some chronic kidney diseases, would involve a consideration of the whole question of the therapeutics of the maladies upon which these forms of wakefulness depend. If you find evidence of Copraemia (absorption of faecal matters retained by the obstinate constipation) in a case of insomnia, you must, in any case, treat the underlying faecal retention.

Such faecal retention may be the whole cause, or an active part of the cause, of the insomnia. Senile insomnia is very obstinate." - Sir James Sawyer, MD in "Contributions to Practical Medicine", 1904.

The Insomnia of Stomach and Intestinal Disease

"In indigestion, toxic substances are developed, which irritate the brain, and prevent sleep. In many instances, the accumulation of gases in the stomach and intestines by pressing on important organs, notably the heart and lungs, induce sleeplessness indirectly.

Toxic Insomnia: Insomnia induced by the indiscriminate use of poisonous substances.

Not infrequently the inhibition of any one of these substances will often cure an intractable insomnia. Hydrotherapy is a valuable adjunct in the treatment of insomnia." - Dr Albert Abrams, AM, MD, in "Nervous Breakdown", 1901.

Chapter 27

On the Origin of Cancer

"What is the origin of Cancer? Does the disease consist solely in a local change of structure; or is it the local de termination of a general morbid condition of the blood; or are the blood and the tissue equally interested in its formation? Lastly, we have the evidence of the general contamination of the whole system, the wasting, the peculiar cachexia, the disorganisation of the digestive system. And these not, perhaps, always dependent upon the deposit of the disease in vital organs, nor on excessive discharge, but apparently either on some vitiation of the blood and the tissues, or on defective or perverted assimilating power of the stomach. Dr. Fenwick has shown that in the later stages at least, the mucous membrane of the stomach is diseased." - Dr Campbell De Morgan, FRS, in "The Lancet", 1 July 1871.

"We are all too apt to forget that disease is a natural, although an abnormal condition of the body; that pathology is, in fact, a department of physiology, and that the phenomena of disease result from the action of the normal structures and forces only modified by morbid conditions. To take an extreme case, the time, perhaps, is not far distant when we may be able to give a physiological interpretation of even that destructive deviation from the normal processes of nutrition which results in the disease recognised as cancer." - Dr George Johnson, MD, FRCP, Professor of Medicine Kings College in "The Lancet", 12 August 1871.

"Dr. Edward Podolsky, MD in his book "The War on Cancer", pays particularly interesting attention to the effect of diet, and the most recent progress made along chemical lines in establishing the probable causes of Cancer. Although this volume is written in an interesting non-technical style, it justifiably merits the attention of a professional audience, because it embraces the salient facts of a continuing war, that can only cease when Science presents its own terms of Unconditional Surrender." - Dr. Edward Podolsky, MD in "The War on Cancer", 1943.

The Nature of Cancer

"No fund would be available for financing the search for causes of morbid conditions which have none in the generally accepted meaning of the word "cause," and no Institutes would have been founded for the express purpose of discovering the nature of a manifestation of disease, which is impossible without discovering the nature of disease itself.

In 1897 a fund was raised for the purpose of financing the search for the cause of cancer.

As all the progress which has been made during the past fifty-odd years has resulted in the knowledge of more and more about cancer cells, and particularly about the so-called "virus" which may be found in them, and less and less about the nature of cancer, the suggestions inevitably follow that possibly, in the first instance, the raising of the fund was a mistake; and secondly, that it led to the wrong approach being made in the attempt to solve the very problem for whose creation the raising of the fund may have been responsible.

I will examine these suggestions in greater detail below, and if they are found to be valid, I will attempt to discover an approach which promises a greater hope of solving the problem than does the one that is being made at the present

time. The year 1897, when the fund for cancer research was opened, merely marked a peak in the present practice, and it was the fruit of the barren idea that the raising of money would facilitate the making of discoveries.

In proof of the barrenness of that idea are the facts that all the medical discoveries of the present century have been the results of accidents; that cancer has been made a problem such as it never was in the ancient period; and that the list of problems which cancer heads has been steadily added to ever since the time when what is no more than a morbid condition was advanced to its present false position of being a disease.

No hope exists of solving any of these problems, until they are removed from that list and restored to the general picture of disease as a whole, the approach to which must once again be made by the front door of health, and by the re-employment of the old general principles in their modern guise." - Dr J. E. R. McDonagh, FRCS, in "The Nature or Disease", 3rd Annual Report 1951.

Cancer Research

"Research: specially the sinister industry called "cancer research", signifies devising continually, "improved means to unimproved ends."

The whole sorry, materialistic, unprofitable, cruel, ludicrous, lucrative fraud persists, mainly, because Nobody Thinks. The merit of enlightened testimony can often be gauged by the ridicule, scorn, and opposition evoked. The most arduous task in life is persuading people to see the self-evident; and the shortest road to disfavour is witness to truth. Few are yet governed by reason.

The more logical and incontrovertible any proposal, the more inevitable the reaction of stubbornness, prejudice, fear, tradition, self-interest, or mistaken belief. Not one of our 5 great systems, ecclesiastic, educational, financial, medical, or political, could survive 5 minutes, logical examination

hacked by honest action. But if civilisation is to survive and the new age be born, the unthinking, instinctive must give place to the Spiritually Logical, action and reaction." - Dr. Ulric Williams, M.B., Ch.B. in "Hospitals and Hooey or Health?", 1941.

Cancer its Causes

"When we are conscious of the fact that a cancer cell, which is admittedly derived from a normal cell, retaining the while all the attributes of its progenitor, possesses also a super-added virulence which it conveys to its progeny, can we be surprised at the incidence of cancer when the circumstances are propitious?

The question now arises, what are those circumstances which tend to bring about this perverted cell metabolism?

These I think may be summed up as follows:

1. An unwholesome diet;
2. An unhealthy environment;
3. Neglect of the sanitary condition of the colon.

These I consider to be the 3 principal factors concerned in the development of cancer, but perhaps the most important of the 3 is habitual constipation, and this because, in addition to its own pernicious effects it accentuates the other 2.

Errors in diet, however, exert a most powerful influence, for it must be remembered that healthy cell metabolism depends not only upon an abundance of fresh air being admitted to the lungs, but to an equally great extent to the blood being supplied by nourishment derived from the vital principle of ripe vegetables, fruits, and other equally wholesome food stuffs, among which may be enumerated milk, cheese, and eggs.

I do not for a moment insist that we should live entirely upon such articles of diet, but what I do maintain is, that a very large proportion of our food should consist of the products of Nature which she has so amply provided for

our use, which the sun rays have brought to perfection, and which cooking only succeeds in depriving, to a very considerable extent, of their most valuable properties. We shall find upon investigation that cooking invariably reduces the actual food value of fruits and vegetables by two-thirds, not to mention the serious loss of the valuable salts they contain in their natural condition.

In connection with this paragraph it is of interest to note that man is the only animal which cooks its food, and moreover, he is the only animal (not to mention those under his domination, which are deprived, by dwelling in insufficiently ventilated houses and other buildings of that amount of fresh air which is essential to their well being) which is subject to the many diseases we have such palpable and constant evidence of.

We have abundant evidence on every hand to demonstrate the important part vegetables and fruit play in promoting healthy cell metabolism.

We cannot reasonably expect a lamp to shine its brightest if supplied with unsuitable oil. With this it may certainly keep alight, and possibly continue to burn, in a way, for a time, but eventually the impurities will tell and the lamp become clogged, until at last it will go out. Whereas, had it been supplied with a pure oil, it would have continued to shed its light in a perfect manner indefinitely.

So it is with the lamp of life. Supply it with proper fuel and it will burn clear and steady without consuming the wick and fouling the mechanism, or necessitating frequent cleaning operations, so often called for, which take the form of pills and nauseous draughts.

Cancer is Nature's protest against disobedience, and is the penalty she imposes upon those who, though, perhaps, more from the force of habit than knowingly or willingly, have ignored her teachings." - Dr Robert Bell, MD, FRFPS, in "Cancer its cause and Treatments without operation", 1923.

"To take an extreme case, the time, perhaps, is not far distant when we may be able to give a physiological interpretation of even that destructive deviation from the normal processes of nutrition which results in the disease recognised as cancer." - Dr George Johnson, MD, FRCP, Professor of Medicine Kings College, in "The Lancet", 12 August 1871.

Proportion of Cancers Attributed to Different Factors

Factor	Estimate (%)
Diet	35
Tobacco	30
Infection: viral, bacterial, parasitic	10
Reproductive factors and hormones	7
Occupation	4
Alcohol	3
Pollution	2
Medicines	1
Industrial products	1
Food additives	1

Estimated proportions associated with various cancer death risk factors. (adapted after Doll and Peto 1981)

"No one should discount the importance of epidemiologic studies of diet and chronic disease.

Persons who eat a relatively large quantity of vegetables, fruits, and grains have a profoundly lower risk of death, particularly from cardiovascular disease and cancer." – Greenberg ER, Sporn MB, in "New England Journal of Medicine", 2 May 1996.

Lymph-Stasis, Precursor and Factor in some Forms of Cancer

"My observations lead me to believe that the origin of cancer is intimately associated with local Obstruction of the Lymph Vessels in the area where the cancer arises.

To produce cancer the obstruction must be of long standing, must have lasted from 20 to 30 years. It may not be complete enough to cause obvious lymphatic oedema, but may manifest itself only by papillary hypertrophy and increased cellularity of the subepithelial connective tissues. It is evident that chronic lymphatic obstruction must profoundly influence the conditions under which the cell lives. Chronic irritation in various forms has succeeded in artificially inducing cancer; and Menetrier's belief that cancer is a morbid process resulting from "multiple and non-specific forms of irritation", is thus justified.

The successful irritant may be:

1. A physical agent, such as x-rays, radium, or heat.
2. A chemical agent, such as tar or paraifin.
3. A parasitic agent, such as the spiroptera which causes stomach cancer in rats, and possibly the bilharzia (bladder cancer) and the demodex (Borrel).

> *"The lymphocyte is a young and actively growing cell. It has enormous developmental potentialities, as shown in tissue culture experiments. Like other actively growing cells it is extremely sensitive to radiation." - Dr J. M. Yoffey, MD, FRCS, in "The Problem of Lymphoid Tissue", BMJ, 10 Dec. 1932.*

Warburg has recently brought forward strong evidence that the carcinoma cell, as compared with the normal epithelial cell, is an anaerobe, deriving most of its energy from the hydrolysis of sugar into lactic acid, and relatively little from oxidation. This remarkable fact is in exact accord

with the theory of the origin of cancer which I am presenting to you. In only one variety of cancer can I present with absolute clearness to you all the stages from the initial obstruction to fully developed carcinoma, a cycle of changes occupying in the human subject from 20 to 30 years.

Tuberculous lupus, especially of the nonulcerative variety known as lupus erythematosus, is followed, in a certain proportion of cases, by the appearance of warts upon the scarred surface, and one or more of these warts may develop into carcinoma. Organisms, also, in so far as they may produce lymphatic obstruction, are potential cancer-producing agents. Chronic lymphangitis may also be set up by a chemical or thermal agency.

In Conclusion

I do not want a tombstone, but neither am I content to lie under the green turf of oblivion. I would like to be remembered for two things:

1. As having shown 25 years ago that cancer spreads mainly by lymphaticpermeation.

2. As having demonstrated today the importance of lymph-stasis in its aetiology." - Dr W. Sampson Handley, MS, FRCS, Surgeon to the Middlesex Cancer Hospital, London, in "Lymph-Stasis The Precursor of Cancer", The Canadian Medical Association Journal, Vol.XXI, Nov. 1929.

> *"The lymphatic system serves an integral role in fluid homeostasis, lipid metabolism and immune control. In cancer, the lymph nodes that drain solid tumours are a primary site of metastasis, and recent studies have suggested intrinsic links between lymphatic function, lipid deposition, obesity and atherosclerosis." - in "From sewer to saviour, targeting the lymphatic system to promote drug exposure and activity", Nature Reviews Drug Discovery, October 2015.*

Understanding the Causes

Richard Doll and Richard Peto were commissioned by the US Government to assess the relative importance of the "environment" in causing cancer. Their aim was to identify the proportion of cancer that is preventable. In 1981 they published a landmark study set out to determine the causes of preventable cancer in the United States.

Entitled "The Causes of Cancer: Quantitative Estimates of Avoidable Risks of Cancer in the United States Today," and published in the Journal of the National Cancer Institute 66, No. 6, 1981.

In The Causes of Cancer (1981) Doll maintained that almost 3 out of 4 cancers - excluding those related to tobacco - were caused by food. "The potential scope of cancer prevention is limited by the proportion of human cancers in which extrinsic factors are responsible.

These factors include all environmental carcinogens (whether identified or not) as well as 'modifying factors' that favour neoplasia of apparently intrinsic origin: e.g., hormonal imbalances, dietary deficiencies and metabolic defects.

The categories of cancer that are thus influenced, directly or indirectly, by extrinsic factors include many tumours of the skin and mouth, the respiratory, gastrointestinal and urinary tracts, hormone dependent organs, such as the breast, thyroid and uterus, haematopoietic and lymphopoietic systems, which, collectively, account for more than three-quarters of human cancers.

It would seem, therefore, that the majority of human cancer is potentially preventable." - in "The Causes of Cancer: Quantitative Estimates of Avoidable Risks of Cancer in the United States Today", 1981.

Natural Washing Out

"How nature has provided to ward off diseases, by washing out before fermentation should set up in the lymphatics, from being received and retained the length of

time, that destructive chemical changes would begin its work of converting elements and discharging them from the system as unsuitable for nutriment.

In order to avoid this calamity we are met with two important thoughts, one of the power of the nerves of the lymphatics to dilate and contract, also that of fascia and muscle, to dilate or constrict with great force when necessary to eject substances from gland, cell, muscle and fascia.

Thus we see a cell loaded to fullness by secretion which it cannot do without; open-mouthed vessels through which it receives this fluid.

Then again the system of cellular sphincters must dilate and contract in order to retain the fluids in those cell-like parts of the body. Now we are at the point when ready for use in other parts of the system, those sphincters must temporarily give away, that the gland may relax and dilate.

Then the universal principle of constriction throughout the whole body can discharge the contents of the lymphatics of all divisions of the body, which is surely the normal condition.

Let the lymphatics always receive and discharge naturally. If so we have no substance detained long enough to produce fermentation, fever, sickness and death.

I think this thought has been presented plainly enough to be fully understood." - Dr Andrew Taylor Still, MD, DO in "Philosophy of Osteopathy", 1899.

Avoid Disease by keeping your Body Clean

"The matter collecting and stagnating for an excessive period of time in the big bowel or cesspool becomes permeated by an excessive number of the micro-organisms which normally inhabit this portion of the bowel and which tend to assume an unusually virulent type; or other more dangerous micro-organisms may develop in the decomposing contents.

These micro-organisms irritate and inflame the mucous

membrane, causing painful spasm of the muscle wall, and this inflammatory process readily involves that little worm-like body the appendix.

It is not unusual for the symptoms resulting from inflammation of the appendix to be the first serious evidence of the effects of constipation. This infection of the stagnating contents of the colon by virulent micro-organisms is most marked in its commencement where the contents tend to stagnate longest.

These micro-organisms readily escape from the large bowel and entering the end of the small intestine grow there rapidly in its sterile contents. In proportion as the level of infection of the material in the small intestine, from which the body obtains its nourishment, rises, in that degree is there picked up by the blood vessels and lymphatics a larger amount of micro- organisms and of deleterious matter than the liver is able to deal with effectually.

In consequence of this impregnation of the blood, there is carried by the circulation to every cell in the body blood impregnated more or less extensively with micro-organisms and with the toxins or poisons they produce. These annoy and irritate the cells in the kidney by which they are eliminated and the surface of the lining membrane of the bladder and kidneys over which they pass, and much disease arises in consequence.

The thyroid and other ductless glands become more active in order to stimulate the several tissues to deal with these by-products.

The thyroid plays the part of the governor of an engine and regulates the functions of the body. It frequently becomes enlarged because of the unusual work entailed, and its tissues undergo various degenerations.

The impure blood supplied to the several cells composing the body, and the consequence of their impaired drainage, lowers their vitality and resisting power, so that they are very liable to become invaded by micro-organisms and toxins which could not for an instant affect or secure a foothold in a healthy soil, and disease and degeneration result in consequence. Such evidence of malnutrition as is

comprised under the term rickets occurs very early in life.

In later life arise infection of the lymphoid material of the nose, throat and tonsils, of the middle ear, and of the lungs; pyorrhoea and rheumatic infections with associated heart troubles; tuberculosis commencing most commonly in the glands draining the infected end of the small bowel; colitis, appendicitis, ulcers of the duodenum and stomach; degeneration and inflammatory changes in the womb and ovaries, and in the female breast; degenerative changes in the prostrate, kidneys, the heart and blood vessels; rheumatic gout; and finally, when the tissues of the body have been supplied for a sufficient length of time with a foul blood, some degenerated organ or tissue forms a soil suitable to become infected by cancer.

Syphilis, like constipation, causes the degeneration and lowered vitality of every tissue, and plays an important accessory part in increasing the liability to cancer.

Always remember that cancer never affects a healthy organ, so that it and a vast number of other diseases may be avoided by keeping every part of the body in perfect health." - Sir, William Arbuthnot Lane, MD in "The Prevention of the Diseases Peculiar to Civilization", 1929.

Cancer of the Colon

"The percentage of cancer occurring at different levels of the colon is as follows: In a series of 511 cases cited by Dr Bell in the Archives of Surgery, Vol. 20, 1930.

35 or 7% Caecum
83 or 16% Sigmoid
131 or 25% were in other parts of the colon
262 or 62% Rectum

In a consecutive series of 100 cases taken from our Clinic records, the location was as follows:

12% Caecum
5% Ascending Colon

3% Hepatic Flexure
3% Transverse Colon
1% Splenic Flexure
7% Descending Colon
15% Upper Sigmoid
54% Rectum and Rectosigmoid region

The age incidence in our series was as follows:

1 case occurred at 24 years of age
3 cases between 30 and 39 years of age
18 cases between 40 and 49 years of age
31 cases between 50 and 59 years of age
39 cases between 60 and 69 years of age

Constipation and pain are the results of the narrowing of the lumen of the bowel and pressure on adjacent structures; discharge of blood, mucus and pus, together with diarrhoea, result from the third condition, ulceration; and anaemia, anorexia, and loss of weight from the general effects of carcinoma." - Dr Frank H. Lahey, MD, Dr Sara M. Jordan, MD in "The New England Journal of Medicine", 2 June 1932.

Colon Cancer

Colon Cancer is one of the most common cancers, a patient who had surgery from colon cancer will have to be 5 years after post operation, in contact and clinical observation from his surgery team.

In medical school the topic of prevention is almost none existent.

And the options of treatment is either chemotherapy which is harmful to the entire body, or surgery. So the question is that: If cancer takes several years to develop up to 25 years, how is it that Medicine is incompetent to detect it?

"Most colorectal cancers develop slowly over several years". "It can take many years (as many as 10 to 15) for a polyp to develop into colorectal cancer." - Colorectal Cancer

Prevention and Early Detection, American Cancer Society "it can take up to 25 years for a bladder cancer to develop." - Cancer Research UK

Treatment of Cancer with the High Frequency Spark and High Tension Current

"Czerny (Archiv fur klinische Chirurgie, Bd. 86, Heft 3) voices the common opinion that the end-results of operative treatment of cancer are much less satisfactory than they should be, and says that he has considered it his sacred duty to study the Keating-Hart method of treating cancer by means of the high-frequency spark and current.

The sparks destroy the cancer cells.

In case of carcinomatous ulcers with metastatic lymph nodes, the nodes are removed if soft and not adherent and the capsule treated with the spark; when the nodes are hard and adherent a needle attached to one pole is inserted into them, while the other pole is applied over the ulcerated surface.

In deep-lying cancer the author extirpates the growth wherever possible and applies the spark to the wound surface. The wound is not sutured so as to get healing by first intention, but is only partially closed with stitches and the portion remaining open is tamponaded.

This plan is adopted not only to give access to further treatment, but because a cancerous operative wound if healed by first intention is much more apt to be the seat of recurrence than if allowed to heal by suppuration.

In cancer of the face it is much better to delay until a future time the plastic repair of the defect resulting from operative removal than to do it at the time of operation, because of the danger of recurrence if the defect is closed at once. In using the Keating-Hart treatment anaesthesia is necessary, as it is a painful procedure.

The application lasts from ten to forty minutes. Czerny had used this treatment on 59 patients, making in all 120 applications during the 5 months he had used it. Although it

is too early to speak of definite cure, his results so far have been favourable. Five cases of carcinoma of the face, one of which was multiple and wide-spread, were cured in one to two sittings, and at the time of report were in good condition.

A case of carcinoma of the leg which had recurred three times was almost completely healed in three sittings. Likewise cancer of the bladder, prostate, tongue, rectum, pharynx, jaw, vulva, mamma, uterus, etc., has been treated in some cases with good results and in others without improvement.

Czerny is of the opinion that the sparks have a very salutary effect upon surface cancers and greatly facilitate their healing. In hard infiltrated ulcers excision must precede this treatment. In deep-seated cancer which is operable it perhaps lessens the danger of recurrence.

In inoperable and recurrent cancer the suppuration of haemorrhage and pain can be controlled, and in that way life lengthened and suffering rendered less. Morphine-hyoscine-chloroform anaesthesia is the best, as ether could be used only with great caution because of its inflammability." - in "Therapeutic Gazette", 1909.

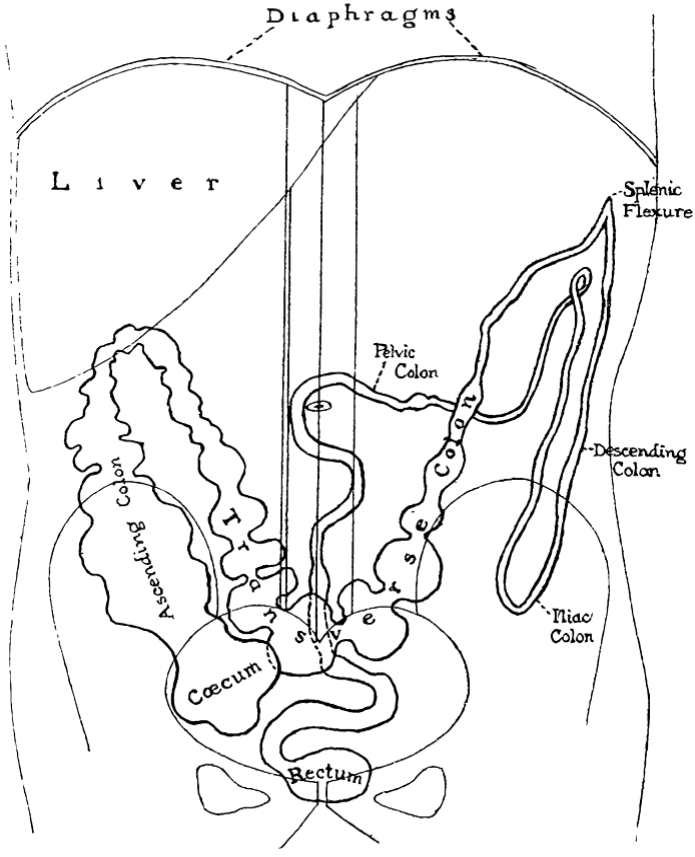
Cancer of the Colon
Its Causation and Treatment

Causal Factors of Cancer in the Large Bowel

"The causal factor which is common to cancer in any part of the body is "traumatism", using the word in its widest sense. Another factor is a degenerative change in the tissues of the body, brought about in the vast majority of cases by the products of intestinal auto-intoxication.

In chronic intestinal stasis there are 2 distinct factors:

1. The primary, which is simply and solely mechanical.
2. The secondary, which is essentially toxic and results from the effects of the mechanical or traumatic factor.



Diagram, by Dr. Jordan, showing the radiographic appearances of an extreme case of chronic intestinal stasis in the first group. It was taken while the patient was in the recumbent posture. It is sufficiently clear to require no further detailed description.

Dependence of cancer upon stasis

Stasis can be avoided by attention to the diet of the individual from birth. In other words, if you wish to avoid cancer of the large bowel use enough paraffin to render the faecal matter as it is expelled from the anus soft and non-irritating. Paraffin has afforded more comfort to the community and has prolonged life and avoided the

development of disease more effectually than any other material of which I am aware. Further evidence of the dependence of cancer upon intestinal stasis is shown by what might be regarded as an intermediate state of civilisation from the physical standpoint, as in such countries as India and China.

Locality of the growth

Cancer develops in the large bowel at one of the points of constriction by acquired membranes or at the rectal sphincters. The exception is in the case of diverticulitis, in which the malignant growth arises in an area of the bowel proximal to the seat of obstruction and not at the point where the constriction exists." - Sir William Arbuthnot Lane, MS, in "The Lancet", 11 December 1920.

Cancer of the Colon and Rectum

"Early symptoms are by no means tangible and striking in our series, 56% of the patients had noticed symptoms for 6 months or less, while 85% had had abnormal symptoms for less than a year. The probability of cure in these cases, particularly when obtained early, is quite considerable.

Table I Distribution of Lesions in 153 Cases

	Cases	Percentage
Caecum	14	9.03%
Ascending colon	5	3.2%
Hepatic flexure	5	3.2%
Transverse colon	6	3.8%
Splenic flexure	4	2.5%
Descending colon	8	5.1%
Sigmoid	21	13.5%
Rectum and rectosigmoid	91	58.7%
Double lesion: splenic flexure and rectum	1	0.64%

Table II Age Incidence

No. of Cases	Years
1	24
1	26
6	30-39
26	40-49
53	50-59

Symptoms

Table III Carcinoma of Rectum and Rectosigmoid
Symptoms
(Based on 36 Cases)

Disturbance of bowel function …..... 88%
Palpable mass …..... 86%
Lesions shown by proctoscopy …..... 88%
Definite weight loss …..... 85%
Blood and mucus in stools …..... 83%

The Proximal Colon

Carcinomata of the proximal colon in, the caecum, ascending colon, hepatic flexure or proximal portion of the transverse colon, are characterized by their ability to produce severe secondary anaemia.

Its lymphatic supply is richer than that of the distal colon. Its contents are of a liquid character. These liquid contents contain organisms of high virulence and toxins of a markedly noxious character, and in addition the function of this portion of the colon is to absorb fluids.

Alvarez has demonstrated that the degree of anaemia in lesions at these levels is often quite definitely related to the size of the lesion. The liquid character of the intestinal contents in the proximal colon eliminates largely in lesions at this level the symptoms of intestinal obstruction, and the earliest symptoms of carcinomata of the proximal colon are

therefore of necessity those of vague and indefinite digestive disturbances." - Dr Frank H. Lahey, MD, FACS, "The American Journal of Surgery", October 1933.

What Causes Cancer

"Degeneration Caused by Intestinal Toxaemia, is the Verdict of Great Specialists. A recent number of Good Health, published by the Battle Creek Sanitarium, states that cancer specialists throughout the world are coming to the conclusion that there is some very close connection between cancer and general systemic poisoning resulting from bowel toxins generated by putrefactive bacteria.

Sir Arbuthnot Lane, the eminent London surgeon, has lately called attention to the influence of intestinal toxaemia resulting from constipation in causing cancer of the breast and other organs.

Dr. Lane believes that constipation and the toxaemia resulting from putrefaction in the colon is the chief cause of cancer.

Sir G. L. Cheatle, Fellow of the Royal College of Surgeons; and Surgeon to King's College Hospital, London, agrees with Dr. Lane, as does also Dr. Nathan Mutch, of Guy's Hospital, London. Dr. Mutch bases his belief upon observations made in performing about two thousand post-mortem examinations. The author's experience as a microbiologist, long ago led him to suspect that the poisons generated by the putrefactive bacteria in the lower bowels, in some way bring about cancer.

A faecal analysis of a person suffering from cancer always discloses a highly toxic condition in the colon, and it makes no difference in what part of the body the malignant growth is located. Cancer is difficult to cure. It is the growing conviction of many specialists that this dreadful disease is not a local trouble but a general systemic malady, brought about by some form of long continued poisoning. The most frequent cause being toxins generated by putrefactive bacteria in the lower bowel.

Dr Jordan on Cancer

Dr A. C. Jordan, MD, before the Hunterian Society, British Medical Journal. In chronic intestinal stasis, active pathogenic bacteria thrive in the bowels; these form poisonous products in the intestines, which are carried by way of the thoracic duct into the general circulation, and thus reach every living cell of the body. No tissue or organ can resist their baleful influence; every tissue attacked by them loses some of its power of resisting pathogenic influences, and this lowered resistance has a very potent influence in favouring the occurrence of cancer".

Sir W. Arbuthnot Lane, MD, FRCS, on Cancer
regarded as England's most eminent surgeon,
in "British Medical Journal", 27 October 1930

The profession is only just beginning to realize the enormous part played by the defective functioning of the gastro-intestinal tract, the consequent fouling of the food-supply, and the poisoning and deterioration of the tissues by septic material absorbed from the intestine. The cancerous cell will only grow in a suitable soil, and that soil is provided by the prolonged action of the toxins in the tissues.

It is the habit of civilization to regard a single formed motion a day as the normal, so that the individual is habitually constipated for at least 24 hours, and the products of the food, consumed during that period are accumulated in the large intestine and in the first instance, in its termination. This spells the failure of civilization and is a veritable Pandora's box. Besides the mechanical results of stasis, the sequences of which are quite obvious, we have those which are consequent on the fouling by organisms of the dammed-up contents of the small intestine, duodenum, and even the stomach, with the extension of the infection along the hepatic and pancreatic ducts, which produce gall-stones and cancer.

The mode of the extension of the infection in these is as apparent as the mechanical changes. The next series of

changes we have to consider are those which come about by the absorption of the infected contents of the gastro-intestinal tract of more toxins, etc., than the liver is able to deal with.

These noxious substances getting into the circulation are carried away to every organ and tissue in the body, and produce disastrous results in proportion to the degree of the toxicity of the blood." - James Empringham, in "Intestinal Gardening for the Prolongation of Youth", 1938.

The Origin of Cancer of the Colon and Rectum

"The probable incidence of carcinoma in a patient with ulcerative colitis of long standing. There is no doubt in our minds that this demonstrates the fact that the destruction and repair which go along with ulcerative colitis each year that the patient has the disease increase the hazard of malignant degeneration to the point that practical surgeons interested in the colon and rectum would agree that in patients who have had ulcerative colitis for 10 years or over the incidence of malignancy is 20% to 30%.

An excellent example of changes which may be observed clinically is carcinoma of the lip and the tongue in industrial diseases.

Such diseases produce chronic irritation, destruction and repair, until finally the stage of malignancy is reached; it is one of the most fascinating of the demonstrations of malignancy.

In polyps there is something that arouses everyone's curiosity, and that is, purely from the speculative point of view, the inciting factor that can stimulate a relatively small cluster of epithelial cells so that they will overgrow to the extent that the lesion with which proctologists deal so frequently, the pedunculated polyp, is produced.

Here is a factor within a very limited area which possesses, the capacity to incite in the epithelium an overgrowth that can eventuality result in a carcinoma. It has been interesting to grow up in a clinic concerned with both

thyroid disease and rectal and colon disease, because they are so similar. A discrete adenoma of the thyroid is really the origin of cancer of the thyroid. The incidence of malignant disease in discrete adenomas of the thyroid is so high that all of them should be removed.

At the last meeting of the Goiter Association we reported that 33% of the last 78 discrete adenomas of the thyroid were malignant. What is true of thyroids is true of rectums." - Dr Frank H. Lahey, MD, Department of Surgery, The Lahey Clinic, Boston, Mass., in "The American Journal of Surgery", November 1953.

Oral Sepsis in Relation to Cancer

"For some time past clinical observation, both by medical men and dental surgeons. has shown that malignant disease is liable to occur in parts of the body which have been the seat of long-standing chronic sepsis. For example, J. F. Colyer, writing of "Epithelioma of the Gum," says:

> *"A common starting point is the margin of the gum adjacent to a tooth which has been the seat of a long-continued sepsis. In such a case the chronic irritation seems to have determined the growth of the epithelioma. This tumour may originate in the hard palate, where, in some cases, it nmay be traced to the chronic irritation of a badly fitting denture.... There is little doubt that in many cases a simple ulcer is present for some time, associated with sepsis, before malignant change occurs" - Colyer, J. F. "Dental Surgery and Pathology", 1910.*

Mr. J. G. Turner, described two cases of malignant disease commencing. in the sockets of recently extracted teeth, each of which had been the seat of long-standing sepsis. Very many other authors could be quoted, showing that it is well established that long-standing chronic inflammation in any

part of the body is liable to be followed by malignant disease.

> *"The most important factor in the production of breast cancer appears to be chronic mastitis" - Dr W. Sampson Handley, MS, FRCS, in "A System of Surgery", 1912.*

Victor Bonney, writing on vulval new growths, states;

> *"Squamouscelled carcinoma of the vulva is not uncommon, and its almost constant association with a pre-existing leucoplakic vulvitis has been noted" - Bonney, Victor, in "A System of Surgery," 1912.*

> *"In every case of cancer of the penis I have seen, a chronic balano-posthitis has always existed, and in cancer of the tongue, lip and cheek, sepsis plays a most important part" Daniel, Peter, in "Diseases of the Orifices of the Body," Brit. Med. Journ., 1910.*

Herman shows that cancer of the uterus is frequently preceded by a, long-standing chronic inflammation (Herman, G. E. "Diseases of Women," 1901). We see, then, that long-standing chronic inflammation appears to predispose to the development of cancer. But although it has come to be recognized that chronic sepsis predisposes locally to malignant disease, up to the present time it has not been realized what a profound influence chronic septic conditions of the mouth may have upon the production of cancer in more remote parts of the body.

I am of opinion that oral sepsis is by far the commonest predisposing cause of malignant disease.

I pointed out that of the 112,801 deaths from cancer occurring in England and Wales during the years 1901 to 1904, 29,386 occurred in the sexual organs (28,277 in the female and 1,109 in the male) and 83,415 in other parts of the body. Separating these 83,415 cases into male and female, I

showed that in the male no less than 85% and in the female 86.5% occurred in the alimentary canal and its associated parts-i.e., those parts to which infection from the mouth can spread either by continuity of tissue or along ducts or lymphatic vessels.

If oral sepsis is the commonest predisposing cause of cancer, considering how very prevalent it is, these figures show exactly what we should expect-namely, that the great majority of cancers occur in those parts of the body most readily infected from the mouth.

Nearly 92% of patients suffering from cancer had had periodontal disease for a great number of years.

The pyorrhoea rises earlier, always well in advance of the cancer.

These figures, as I have indicated, seem to show that it takes many years of swallowing septic material before the development of malignant disease.

Stomach

The evidence for the statement that oral sepsis may produce a chronic gastritis is overwhelming. It is the almost daily experience of surgeons, physicians, and dental surgeons that the removal of septic teeth will frequently cure a chronic dyspepsia.

> *"The symptoms of chronic gastritis are essentially those of a chronic gastric dyspepsia, since that is the usual morbid state underlying the clinical complex known as chronic gastric indigestion, when that malady is not purely nervous in origin. It may become established as a sequence of acute gastritis, or may slowly develop without any definite commencement, as the result of obstructed portal circulation, of continued infection from oral sepsis, or in the source of chronic toxaemias, such as gout, chronic nephritis, &c." - Sir W. H. Allchin in "Encyclopaedia of Medicine and Surgery"*

James Sherren states that oral sepsis is present in most patients with chronic gastric ulcer. Mayo Robson believes that this is an important causal condition in a large number of cases (Sheeren James, "A System of Surgery," 1912).

> *"That a dermatitis may develop into an ulcer is obvious, and why a gastritis is denied the capacity to develop into a gastric ulcer I fail to understand. The clinical evidence for this statement is so overwhelming that I cannot fail to accept the view in general, though I do not for one moment overlook the other modes of conveyance of infection-i.e., by the blood-stream, lymphatics, by contiguity, nor the effect on the mucosse of the excretion of toxins developed elsewhere" - Peter Daniel, in "Some Observations on Primary Mucous Colitis," Proctologist, 1912.*

Writing on gastric cancer, Sherren stated:

> *"It is held by all surgeons who have worked out the question, that chronic gastric ulcer predisposes to the development of carcinoma. Evidence of this has been gradually accumulating since its possibility was first discussed by Cruveilhier in 1830, and Rokitansky a year later. Dittrick, in 1848, described six cases in which carcinoma developed in the immediate vicinity of active or healed ulcers.... Among eighty-seven patients with carcinoma of the stomach, upon whom I operated up to December, 1911, there was in thirty-one a definite history pointing to chronic gastric ulcer symptoms having been present for from 5 to 28 years. Mayo Robson, in cases in which he operated, found a suggestive history in 59%; Moynihan in 60%. The most convincing evidence has been put forward by Wilson*

and MacCarty as the result of their examination of specimens removed by operation in the Mayos clinic. In 71%. (109 out of 153 cases) there was naked-eye and microscopical evidence that carcinoma had developed in pre-existing ulcers. There can, in my opinion, be no doubt that gastric ulcer is a predisposing cause of cancer of the stomach in a large proportion of cases" - Sheeren, James in "A System of Surgery," 1912.

We see here then, I think, strong support for my view that oral sepsis may produce a chronic gastritis, which in some cases goes on to ulceration, and thence to malignant disease. It must be remembered, too, that there are probably many people suffering from chronic gastritis, and even gastric ulceration, in whom these morbid processes give rise to no symptoms. A few months ago I saw a man who had been operated upon for perforated gastric ulcer, the first symptom of which was acute abdominal pain due to the perforation. He had had no dyspepsia or any other symptoms whatever previously. His teeth had been " dropping out" for several years.

Gall-Bladder

With regard to the routes of infection of the gall-bladder, I think it is now generally admitted that inflammation does in some cases spread by continuity of tissue from the stomach to the duodenum, and thence along the common bile-duct and cystic duct to that organ. It may also, of course, become involved by infection spreading upwards from lower down in the small intestine or via the blood-stream.

That this septic infection frequently leads to the formation of gall-stones, and that these two factors together-viz., gall-stones and sepsis-frequently result in malignant disease, is also, I think, well established. G. Grey Turner states that in over 80% of cases gall-stones and cancer are associated. Mayo Robson states that it may be taken as proved that gall-

stones owe their origin to a bacterial invasion of the bile channels giving rise to a catarrh of the mucous membrane, and a deposition of that portion of the cholesterin secreted which is in excess of what the bile salts are able to hold in solution.

To sum up the evidence I have placed before you, we see that, apart from the sexual organs, over 86% of cases of cancer occur in the alimentary tract, to which infection from the mouth is readily conveyed; that long-standing chronic inflammation in the sexual organs and in other parts of the body is known to predispose to the development of malignant disease.

The great majority of persons suffering from cancer in the alimentary canal have advanced periodontal disease which has been present very many years; that this advanced periodontal disease is not nearly so common in persons not suffering from cancer; that it is well established, that the constant swallowing of pus can, and does in many cases, bring about chronic gastritis; and finally, that the majority of patients suffering from cancer of the stomach have had chronic gastritis for many years prior to the development of the much more serious disease." - Dr F. St. Jermain Steadman, M.R.C.S., in "Oral Sepsis as a Predisposing Cause of Cancer", Proc. Royal Society of Medicine, 1914.

Cancer is Never Primary

Doctor Daniel Thomas Quigley, of Omaha who was accorded a position of eminence as a surgeon and owner of the Radium Hospital, is author of a 600 page book "The Conquest of Cancer, by Radium and Other Methods", 1929. Since 1913 he has devoted himself almost exclusively to tumour and cancer study.

"Dr Quigley stated at a Radium Society meeting during an A.M.A. Convention that:

> *"Cancer exists only in bodies inadequately supplied with vitamins and minerals. When Americans eat less*

devitalized sugars and starches and more vital foods, the nation's cancer death rate will shrink."

Since 1922, Dr. Quigley, on the University of Nebraska's medical staff, has made a statistical study of relationship between food and cancer. In 3,000 cases he found not one with the disease apart from deficient diets. To build resistance, he urges fresh fruits and vegetables, milk and other protective foods. In the face of such a startling statement by one who is in a position to know what he is talking about, should we continue to allow our perverted appetites to be our guide in our eating habits, or should we turn to Nature's foods which will supply us with the elements necessary to avoid acquiring this dread disease?

Of course, there are some who would prefer to die of cancer than discard from their diet the rich candies, and rich desserts made from white flour and white sugar, and other white flour and sugar products. With such people, very little can be done toward improving their health." - Lillian Taylor, in "Clean up the Blood Stream and Live", 1944.

"One of the few things we do know at the present time about cancer is that it is a disease which follows another disease. It is never primary, but always secondary. It never grows on healthy tissues, but always grows on previously diseased tissues. The part of a body on which a cancer grows has a special soil on which the invader finds a favourable environment. If the soil is not prepared in advance, the cancer simply can not and will not take root and grow."
- Dr Daniel Thomas Quigley, MD in "The National Malnutrition", 1943.

"Cancer cells love sugar. We known for a long time that cancer cells love sugar almost 100 years ago in 1924 a German scientist and Nobel laureate named Otto

Warburg observed that cancer cells eat a lot more sugar than normal cells, so this observation that cancer cells love sugar is known as the Warburg Effect and the Warburg Effect tells us that normal cells can stop after just one piece of candy but cancer cells can't stop eating candy. There are many different types of cancers with all kinds of mutations but they all have one thing in common they all have to eat, cancer cells have altered sugar metabolism." - Dr. Sophia Lunt, Assistant Professor, Biochemistry and Molecular Biology in "Starving Cancer Away", TEDxMSU, 2016.

Chemotherapy

The madness of chemotherapy: "The first use of drugs to treat cancer was in the early 20th century, although it was not originally intended for that purpose. Mustard gas was used as a chemical warfare agent during World War I and was discovered to be a potent suppressor of hematopoiesis (blood production). A similar family of compounds known as nitrogen mustards were studied further during World War II at the Yale School of Medicine. It was reasoned that an agent that damaged the rapidly growing white blood cells might have a similar effect on cancer. Therefore, in December 1942, several patients with advanced lymphomas (cancers of the lymphatic system and lymph nodes) were given the drug by vein, rather than by breathing the irritating gas."

References:

1. Krumbhaar EB (1919). "Role of the blood and the bone marrow in certain forms of gas poisoning". JAMA 72: 39–41.

2. Fenn JE; Udelsman R (March 2011). "First Use of Intravenous Chemotherapy Cancer Treatment: Rectifying the Record". J Am Coll Surg 212 (3): 413–417.

The Cancer Patient's Dilemma

A Plea for the Standardization of What the Public Should Be Taught in the Campaign of Education Concerning Cancer

"Fear is an element in fostering, perhaps in causing disease; hope is a factor in palliating, perhaps in curing disease. Honest ignorance may be as disastrous in either regard as dishonest knowledge. The victim may be tossed from one horn to the other of this dilemma. There are so many difficulties involved in the dissemination of true and useful knowledge that the cancer problem becomes to the patient not so much a two horned dilemma as a hydra headed monster.

How may the campaign of education concerning cancer be conducted in order to eliminate harmful fear and engender hope, to safeguard both the public and the profession from honest ignorance on the one hand and dishonest knowledge on the other. It is thought by many that we are no nearer to the answer to this question than we were when the inauguration of the campaign of education followed close upon the initiation of the era of scientific cancer research.

That the campaign has eventuated already in a very wide dissemination of information - correct and incorrect - concerning cancer, no one can doubt.

The output of secular literature on the subject is constant, varying in volume, but never entirely absent. The present is a newspaper age, and it is safe to say that few homes, however humble, are left untouched by the campaign inaugurated within the medical profession, fostered by organizations of professional and lay membership, and sent broadcast over the land by an ever active secular press.

Each is hemmed round about with difficulties so numerous that the intelligent layman is soon in a maze of doubt and uncertainty. I have recently received a personal communication from Dr. A. Hopkins Thwaites, of the

University of Melbourne, Australia, who is now touring this continent on behalf of the Research Department of the Melbourne University, the Melbourne General Hospital, and his Government, investigating the cancer problem.

In this communication, from which, at my request. Doctor Thwaites has permitted me to quote, the following remarks and suggestions occur: The contemplation of the problem of the teacher in this campaign of education concerning-cancer, and of the subject matter of his teaching, fills me with depression, if not with dismay, when I recall my own very recent experiences in the investigation of the cancer problem in America.

If asked to name men of high professional standing, of nationwide, even worldwide repute in the study of cancer, one has no difficulty in doing so. Recently I have had the pleasure of meeting, learning the views, and studying the methods of several such men.

I found that their views are not only widely divergent upon many fundamental points, but even directly opposite, not to say antagonistic. Yet each of these men might readily, and more or less justly, expect to be regarded as one suitable to undertake the education alike of the general practitioner and of the layman. But if each goes forth and sows the seeds of his own philosophy, what shall the harvest be?

The stir thus created, and the fixing of public attention upon the subject, has provided golden opportunities for those few mercenary men who are to be found even within the sacred circle of the medical profession and has at the same time brought rare and radiant joy to those others who love to bask in the limelight.

Articles of Faith

Concisely, these articles constitute the platform upon which we unite to teach the public the lesson of cancer. These, I believe, we may teach, but very little else.

The following articles are put forward as a guide to those professional men who will in turn guide the public.

1. In cancer, as in all other disease, attention to diet, exercise, and proper hygienic surroundings is of distinct value.

2. There is strong reason to believe that the individual risk of cancer can be diminished by the eradication, where such exist, of certain conditions which have come to be regarded as predisposing factors in its production.

3. Prominent among these predisposing factors, for which one should be on guard, are: General lowered nutrition, chronic irritation and inflammation, repeated acute trauma, cicatricial tissue, such as lupus and other scars, and burns, benign tumours—warts, moles, naevi (birthmarks), etc. Also changes occurring in the character of such tumours and tissues, as well as the occurrence of any abnormal discharge from any part of the body, specially if blood stained, are to be regarded as suspicious." - Dr William Seaman Bainbridge, AM, MD, CM, Sc.D. in "New York Medical Journal", 3 July 1915.

Chapter 28

Postpartum Depression

"Mothers who breastfeed typically exhibit lower levels of depressive symptomatology than mothers who do not.

Using multilevel modeling, we investigated the relationship between breastfeeding and self-reported depressive symptomatology in 205 women followed prenatally and at 3, 6, 12, and 24 months after birth. Consistent with previous research, women with prenatal depressive symp-tomatology weaned their infants 2.3 months earlier, on average, than women without such symptomatology.

We also found, however, that women who breastfed more frequently at 3 months postpartum showed greater subsequent declines in depressive symptomatology over time compared to women who breastfed less frequently, resulting in lower absolute levels of depressive symptoms by 24 months postpartum, controlling for important confounds. In sum, these findings are consistent with a bidirectional association between breastfeeding and depression, with prenatal depression predicting less breastfeeding soon after birth and breastfeeding predicting declines in maternal depression up to 2 years after birth." - Jennifer Hahn-Holbrook, Martie G. Haselton, Christine Dunkel Schetter, Laura M. Glynn in "Archives of Women's Mental Health", Official Journal of the Section on Women's Health of the World Psychiatric Association", 2013.

Postpartum Depression Factors to Successful Nursing

"Intensive lactation support in the first three months postpartum may help women to establish breastfeeding, and that once it is established, we may expect their risk of

depression onset to decrease. I would also advocate for ruling out any complicating factors to successful nursing including undiagnosed thyroid imbalance, environmental toxins that can interfere with production and pass to the baby, and high sugar diets that can promote insulin resistance." - Dr Kelly Brogan, MD

Some Causes of Insulin Resistance

"In some people, one night's sleep deprivation can give you as much insulin resistance as six months on a junk food diet." - Dr Rangan Chatterjee, MD in "How to make Diseases Disappear", TEDxLiverpool, 2016.

Chapter 29

Mental Troubles and Physical Causes

"The infective agencies which appear to be sometimes associated with mental disease are in the teeth, the facial sinuses, the alimentary tract, and the gall bladder. These infections are often connected with one another, that oral sepsis may, and often does, precede organic disease in the stomach; that infections of the appendix lead to diseases of the gall bladder and pancreas; and that infections, wherever arising, are apt when they reach the caecum and ascending colon to remain there, long after the primary focus has ceased to be active. It would appear that, among the many causative agencies producing diseases of the mind, infection may assuredly be counted as one." - Sir Berkeley Moynihan, Br, MS, President of the Royal College of Surgeons of England in "The British Medical Journal", 5 March 1927.

"Until quite recently there has centred round the subject of mental troubles a conspiracy of silence and neglect which has occasioned much popular misunderstanding of the origin and treatment of afflictions of the mind. Even today, mental disease is still regarded by many if not by most people as something rather fearful and mysterious, as something quite different from bodily disease.

Such an attitude of mind is hardly surprising when we consider that there has long persisted a tendency to confuse mind with soul, a misconception which has led to the belief that the mind is an entity independent of, and apart from, the body it inhabits. The interests of mental health, it is

highly important that we should have a clear view of the relationship of mind to body, for only then will it be possible to appreciate that ills of the mind do not arise without definite causes, but that they are in every way similar to ills of the body.

There is no definite frontier between disease of the body and disease of the mind, while mental health is quite inseparable from physical health. It is fundamental that this point should be grasped, for upon it are founded the principles of mental hygiene.

The aphorism, "a sound mind in a sound body," is well known, but its full significance is seldom appreciated. We do know, in the first instance, that the manifestations of mind take place through the medium of the nervous system. In other words, the mind is dependent upon the brain and without the brain there can be no mind.

Sir Thomas Clouston, a distinguished Edinburgh psychiatrist, expressed this basic fact thus:

"Mind maybe regarded as the highest form of nerve force It is not "created" in the brain, but it is absolutely conditioned by that organ. Upon the healthy functioning of the highly specialised cells of the brain cortex, or grey matter as it is sometimes called, all mental activity depends, and should these cells be injured, as by a blow on the head, or should they be poisoned, as by alcohol or disease toxins, then mental disturbance will result.

In order to possess healthy and vigorous brain cells, and consequently a healthy and vigorous mind, it is essential, first, that the inherited constitution of these cells should be of good quality; and, secondly, that they should be plentifully supplied with nourishment. The first condition we cannot obviously control, as we are unable to choose our parents, but the second we can fulfil by keeping our blood pure and by preserving our heart and blood vessels strong and elastic.

If the poisons from a septic womb following childbirth accumulate in the blood, the brain cells may be so affected

that an acute attack of a confusional nature results. In fact, mental confusion is a sure sign of poisoned brain cells, no matter what the cause.

Again, if the brain arteries are thickened and hardened, the brain cells will be inadequately nourished and will degenerate, the result being an impairment of all the mental functions such as occurs in morbid old age. Now, although the brain is essentially the organ of mind, it is constantly receiving impressions via the nerves from every part of the body, and these impressions are continually exerting upon it an influence which is either harmful or beneficial. Thus all parts of the body are linked in sympathetic contact with the mind which thus comprehends the whole of the bodily life.

Upon the healthy or unhealthy working of the lungs, heart, digestive organs, skin and ductless glands, the background of our mental feeling plainly depends.

In this connection we need only recall how our moods and intellectual activities are influenced by hunger or repletion, fatigue or rest, cold or warmth, pure or impure air, the state of the bowels, and so on.

Further evidence of the intimate relationship between mind and body is furnished by the effects of physical disease. The sanguine optimism of the consumptive is familiar to all. **Affections of the heart are frequently associated with marked anxiety and fear.**

Liver troubles lead to a gloomy and somewhat spiteful outlook on life, while most of us have come across examples of dyspeptic irritability of temper. And conversely, a sick mind affects the body in many remarkable ways.

Severe depression, notably as it occurs in the disease called melancholia, leads to an enfeebled working of all the digestive organs and increases the body's susceptibility to germ infection.

Even in a minor way, we have all had experience of how an "attack of the blues" robs us of our appetite and may lead to dyspepsia. The sexual function is deranged in nearly all major mental troubles and in hysteria, a purely mental illness, various forms of paralysis may arise.

The function of mind is indissolubly bound up with the

function of body and that it is futile to study mind apart from body. We must acknowledge this essential unity of mind and body, for only then will the problems of mental ill-health be intelligible and the full meaning of "a sound mind in a sound body" be realised. We can now approach the material causes of mental disease on safe ground, although before discussing these I must refer to the factor of heredity or the transmission of an unstable nervous system.

In the past, undue importance was attached to this as a causal factor, creating an unfavourable outlook on the problems of mental disease. Fortunately, with our increased knowledge of psychology we are now able to view heredity in a better perspective than formerly, and we realise that while a bad heredity maybe the basic influence, in that it produces susceptibility to mental disease, it need not be the determining factor in the causation of that disease.

We have discovered that external and frequently material factors are relatively of greater significance, for these are the direct and immediate precipitants in a great proportion of cases.

This is a great advance, for to attribute the cause of mental disease to heredity was to believe that little or nothing could be done to cure it, and it was this attitude of mind which prevented the progress of mental hygiene and in fact led to the misconception that mental diseases were quite different from bodily disease.

Now, it is imperative that this erroneous belief should no longer exist. Mental diseases, including what are termed the insanities, have very definite and specific causes apart from heredity and these causes are both preventable and removable.

Among the physical causes of mental troubles, the many forms of poisoning rank high in the list." - Sir William Arbuthnot Lane in "New Health for Everyman", 1932.

Colon Irrigation in the Treatment of Mental Disease

"The purpose of this article is to present a report of the result of the treatment of mental disease by the use of Colon Irrigation at the Gardner State Colony and to call attention to the possible wider value of this procedure in medical and surgical problems.

Mills and Bird (1919) call attention to the beneficial use of colon irrigation in children with elevation of temperature, constipation, gas in the intestines, and in children needing mental sedation.

Shaine (1926) concludes that many patients with chronic constipation are relieved by the use of colonic irrigation when medical treatment has failed. Snyder & Fineman (1927) note beneficial results in arthritis, and publish a series of roentgenograms of colons illustrating their views. They credit Dr. Lockwood of New York with being the first physician to use this procedure.

Rendall (1929) notes that colon irrigation cannot be expected to produce permanent results unless focal infective areas in other parts of the body when present are found and removed. She states that many mental conditions, and some forms of asthma, neuritis, sciatica, gout and rheumatism are benefited.

Rowell (1929) cites cases of arthritis, high blood pressure, sleeplessness and vertigo which were relieved by this form of irrigation.

Investigating the evacuation time of the colon in three groups of mental cases he reports his results as follows:

Dementia praecox 113 hours;
Manic depressive psychosis 154 hours;
Psychoneurosis 80 hours.

After treating patients in each of these groups by colon irrigation he reports that of his Dementia praecox cases 17% recovered; of his depressive Psychosis cases 70% recovered; of his Psychoneurosis cases 80% recovered. Of the total

cases, all groups, 40% recovered, 33% improved, and 57% were released on visit. Cotton (1926), in a report from the Trenton State Hospital, makes favourable comment upon this procedure when employed in the treatment of mental diseases.

Physiology

Both intestinal juices and unabsorbed food are subjected, particularly in the large intestine, to the decomposing action of myriads of bacteria, and the products formed are of the greatest importance.

Many of them are toxic, producing headache, drowsiness, or at times irritability or depression and anaemia.

The toxic substances are derived chiefly from proteid putrefaction, the carbohydrates being decomposed by fermentation. Bacteria are found in every part of the intestinal tract but in increasing numbers as the lower bowel is reached so that in the colon great quantities are found.

Fats are saponified by the action of the bile and pancreatic juices, but fat globules are often found in faeces. **It is possible that their decomposition products may produce harm if absorbed.**

The decomposition of proteins is a very complex subject.

The amino acids which are the result of enzyme action and which are assimilated by the body for replacement of tissue wear and for growth are attacked by bacteria and broken down into toxic substances such as Phenol, Cresol, Indol and Skatol, and Hydrogen Sulphide.

These products when reabsorbed are detrimental to the living organism and produce nausea, vomiting, diarrhoea, headache and mental disturbance in varying degrees.

At the Gardner State Colony, treatment of mental patients by colonic irrigation methods was inaugurated in May 1930.

In our experience eases of manic depressive psychosis experiencing a manic episode show a quicker return to normal mentality when the colon is kept well irrigated. This we attribute to three factors: removal of toxic products from

the colon, pointed out by Jameson; relief of the dehydrated condition of the tissues, and relief of acidosis.

In dementia praecox eases, results have not been outstanding from a psychiatric standpoint. Physically, however, improvement is generally noticed.

Dementia praecox (schizophrenia) patients are certainly quieter. Other types of mental disorder show improvement in mental and physical health. Our consulting surgeon, Dr. Lowell, quickly noted beneficial results after this treatment was inaugurated.

Summary

From our experience this treatment produces a quicker return to mental stability in our opinion in favourable eases. In active cases sedation is unquestionably obtained, strikingly shown by a reduction in the number of wet sheet envelopments required, which prior to this form of treatment numbered from anywhere up to nearly 500 monthly.

Since the use of colon irrigation, wet sheet envelopments have fallen to less than 60 monthly and sometimes none at all. From the standpoint of the hospital, it is interesting to note that the destruction of mattresses, sheets and clothing has fallen off approximately 50%. Our results may be given as follows: From June 1930 to 1 May 1932 we have given 5,468 colon irrigations averaging 44 minutes each to 191 different patients. This represents between ¼ and 1/5 of our population which in round numbers is 1350.

Results

Home	23.5%
Improved	
Physically	19.9%
Mentally	13.6%

Unimproved	
Physically	11.8%
Mentally	17.0%

Intercurrent diseases contraindicating 8.4%

Insufficient Treatment 5.7%

- Harold K. Marshall, M.D. (Assistant Physician, Gardner State Colony, Department of Mental Diseases), and Charles E. Thompson, M.D. (Superintendent, Gardner State Colony), read at the Annual Meeting of the Massachusetts Medical Society before the Section of Radiology & Physiotherapy at Boston, 9 June 1932, N.E.J.M., 8 September 1932.

Dangerous Psychiatry

Psychiatry is probable one of the most dangerous of all so-called medical specialities, if there is among the innumerable and never ending medical specialities one speciality which is at the same time dangerous & totally and utterly useless then Psychiatric is such a medical speciality.

For information on the useless and dangers of Psychiatry there are numerous Books and Papers published, (see the excellent books of Dr Kelly Brogan, MD on this subject).

Despite of much proven research done on the Treatment of Mental Disease by use of Hydropathy and of Colon Hydrotherapy in particular Albert S. Palombo, "Physiotherapy and hydrotherapy as important adjuncts in the treatment of mental disease" in Psychiatric Quarterly December 1935.

There are those individuals who ignore such therapeutic methods. The following transcript serves to exemplify the level of ignorance and therefore stupidity that exist in the medical trade.

This transcript is of an interview with Joseph D. Matarazzo, Ph.D., in 1998 on his experiences and the changes he has seen at the University since then. Matarazzo

studied at Washington University and Harvard Medical School, and moved to Oregon to become chair of the Department of Medical Psychology at University of Oregon Medical School in Portland in 1957.

"When Ruth, Jeanne Phillips, George and I arrived here in Portland, we toured the 5th floor of the University Hospital South. The other floors of the hospital were already filled with patients and with faculty offices, but the 5th floor had remained unoccupied, waiting for a full-time head of psychiatry. Henry Dixon, MD, who was the chairman of the department of psychiatry, was a clinical professor.

He was a volunteer. He had a private practice downtown, and he came up here a couple of days a week to teach residents and medical students, but he was not a paid faculty member. He and his cousin, Herman Dickel, MD, also a Portland psychiatrist and medical school volunteer teacher, had designed the fifth floor consistent with the understandings of psychiatry in the late forties and early fifties as that building was being designed. Then we found, in the treatment rooms, large bathtubs with canvas that would cover them.

These were for Hydrotherapy, water therapy. If a patient was acting out, violent, and so on, you immersed them in water and covered them with canvas so they couldn't get out, and this would calm them. We also found a large marble slab, a table of marble with a hole, an elliptical hole, in it two-thirds of the way down, and we couldn't for the life of us understand what this was all about.

But it had some hoses attached to it underneath, and a large collecting basin.

We soon learned that it was for colonic therapy; that is, one of the therapies in this psychiatric unit in 1956 was rectal colonic therapy for patients who were mentally ill. Well, we saw that this was really not too different from what they had in 1900 or 1920 or 1930, and we persuaded Dean Baird and his Associate Dean and Director of the Hospital Charles Holman, to gut the whole floor and to take the locked doors away from all of the patient rooms, to also get rid of the

surgical- medical beds they had in each room.

And instead, since we had no offices — not enough offices for the therapists and staff to see patients individually, what we did after we took the locks off the door opposite the elevator when you came on the floor so it was an open door, we opened all the doors to the patient rooms, we took out these large surgical-medical beds and put in instead couches that could be opened as beds at night, but they were couches by day so that a therapist could go in and use the room as an office with each patient and do therapy in that office-bedroom.

And, in addition, we got rid of the Colonic Therapy and the Hydrotherapy and instead converted the psychiatric floor into a 1957 version of what soon would become the norm throughout the whole country; namely, an open ward where patients were treated no differently than patients on medical or surgical services". - Dr Joseph D. Matarazzo, Ph.D., in 1998.

"The nervine Pains, such as are in Hysterics and Hypochondriacs are cured by hot or cold Baths, according to the Constitution of Humours." - Dr John Floyer, MD "Medicina Gerocomica: The Galenic Art of Preserving old men's Healths", 1725.

Balance in Mind and Temper

"Misery loves company: People with the sick habit flock together, and never appear to tire recounting and comparing their discomforts. The most insignificant symptoms are retained in memory for years. Self-pity causes them to exaggerate, and in time they believe the worst possible about themselves.

Such a life is ruined, unless complete reformation is made. This state of mind brings on enervation and Toxaemia.

The symptoms are a general nervousness, indigestion, constipation, coated tongue, anxiety concerning cancer or

some other malady that may prove fatal.

The muscular system is more or less tensed. The constipation is accompanied by an abnormal contraction of the rectum.

The entire body is abnormally tense. Such patients have difficulty in going to sleep, and when they are about to drop off to sleep they are awakened with a jerk, a violent contraction of all the muscles. These people are light sleepers, and complain that they do not sleep at all. A few complain of headache and nausea. They are imitators, and often develop new symptoms after reading about disease or listening to others relating their symptoms. Those who seek cures outside of self are hunting cures in a Fool's Paradise.

Cures: The subconscious builds health or disease according to our order. If we send impulses of irritation, discontent, unhappiness, complaining, hate, envy, selfishness, greed, lust, etc., the subconscious builds us in the image of our order.

If we send to the subconscious sensual impulses, our order is returned to us blear-eyed, with swollen features, headaches, bad breath, pain here, pain there, blurred intellect, carelessness in business, of friends, and of self. We interpret our state of disease, and send for a doctor, who finds albumin in the urine, rheumatism in the joints, a leaky heart, threatened apoplexy, dropsy, et all.

We take his dope, his operations, his immunizations; but we continue to send sensual impulses: big dinners, strong cigars, lascivious indulgences. The doctor does no good. Another and another is sent for. Skilful examinations are given. Syphilis is found. Synthetic drugs are prescribed. Other doctors examine, who find tuberculosis. And at last real skill is discovered in a physician who finds cancer.

But all the time our orders are going to the subconscious, and the returns are made faithfully in the image of their maker.

The truth is that we are not needing a doctor at all. We need a physician who will erect a reconciliation between our subconscious maker and ourselves. What we need is to be taught self-control, poise) equanimity, repose. And when

these impulses are sent over the sympathetic nerves to our subconscious maker, we shall begin to receive images of a more man, until an approach to perfection is attained. Self-control, with an ideal of just the kind of person we should like to be held before the subconscious all the time, will be returned to us just as we order.

We are made in the image of the ideal we hold before our maker—the subconscious. We must live it, however. Simply holding an ideal will not get us anywhere. If our ideal is for sobriety, getting drunk will not bring our dreams true. If our ideal is for perfect health, we certainly cannot expect a sensual life to build it.

We may have an ideal image, but if we do not live it, a distortion will be created. A disgruntled, complaining habit, builds that kind of an individual. If we refuse to live composed, poised, and relaxed, we become tense and build discomfort. A contracted brow builds headache. A tense, fixed state of the muscular system brings on muscle-fatigue, which may be treated as neuralgia, neuritis, or rheumatism. A slight injury to any part of the body, coddled, nursed, and kept without motion, may start a fixation of the muscles, causing more pain from muscle-fatigue than from the injury.

The same cures could have been made by simply rubbing the parts; but the minds that go with spineless people, who have time to wait for miraculous cures, could not be made to believe that a cure could be excreted without that mysterious healing property associated with evil-looking and vile- smelling medicaments.

A sensitive, insignificant pile tumour may set up such a tense state of the entire muscular system as to render the subject a confirmed invalid. Such a case became a patient of mine a few weeks ago.

On examination, I found an extreme contraction of the sphincter muscles. His entire body was tense, and, of course, he had muscle-fatigue, which caused him to believe that he was a very sick man. I had him lie down, and I taught him how to relax; then I introduced a finger into his rectum, very slowly, to avoid giving pain as much as possible. I was about 30 minutes bringing relaxation of the anal muscles.

While manipulating, I was advising relaxation of his body. Before he left my office he declared that he felt better than he had for two years, notwithstanding the fact he had been in a hospital and otherwise treated most of that time.

Children are prone to become nervous and excited when tired. When allowed to eat heartily, when excited and tired, they have indigestion. Extreme cases develop convulsions.

Fear and anxiety are two elements that lead on to chorea.

Poise of mind and body should receive attention early as well as late in life. Good health late in life indicates self-control, moderation in all things, and equanimity—poise." - Dr. John H. Tilden, MD in "Toxaemia Explained, The True Interpretation Of The Cause Of Disease", 1926.

"The Gastro-immunological Underpinnings of Depression" - Dr Robert Hedaya, MD, in "Functional Medicine for Depressive Disorder: Advances in the Treatment Paradigm", 2016.

"Depression is a symptom and it reflects this iceberg under the surface that you have to pay attention". - Dr Robert Hedaya, MD, in "Functional Medicine for Depressive Disorder: Advances in the Treatment Paradigm", 2016.

"Depression: Remember that Depression is a symptom, not a disease! Depression can be caused by a constellation of factors that cause chronic inflammation: inflammatory foods, medications." - Dr Kelly Brogan MD

The State of the Colon and its Relation to Human Health

Mental Conditions and its Relation to the Colon

"In addition to these definitely classifiable mental aberrations, cases suffering from tonic hardening of the colon may show a group of symptoms definitely neurasthenic in character, owing to the patient having used up much nervous energy in trying to overcome the cerebral and mental disabilities to which the colon disturbance had given rise.

Amongst the cases of mental disturbance I have met with from this cause, there is one which stands out distinct from the rest, owing to its remarkable nature, but yet there can be no doubt that it was solely due to tonic colon hardening.

The patient was employed in travelling for his firm, and when he came to consult me, he was suffering two or three days a week from complete loss of memory of all that he had done during two hours or more. This loss of memory would commence an hour or so after the morning evacuation of the bowels, and be absolute till middle day.

Although in the severer type of mental case there may be no symptoms pointing to any abdominal ailment, it is by no means uncommon to meet with a certain amount of mental depression in cases which are showing other symptoms of tonic colon hardening. For instance, when referring to pain due to tonic hardening of the colon, the patient will sometimes volunteer the remark that these pains are far harder to bear than is the case with ordinary pains, such as those of rheumatism.

On going into the question, the reason appears to be that a certain amount of mental depression often accompanies the pain, or the patient's mental attitude may result in an exaggerated idea as to the importance of the pain and of its influence upon his health, an attitude which practically amounts to a mild form of obsession. She was cautioned as to the removal from her dietary of vegetable food liable to

induce muscular activity in the colon. On a subsequent visit three days later there was already a distinct improvement. Her facial expression was less irresponsive, she was more inclined to look about her instead of keeping her eyes fixed on the ground, and she smiled more readily; moreover, her friend said that she had been seen to smile on several occasions since her first visit.

The colon was still palpable, but was less tender. A week later there was further improvement in every way. Her expression was nearly normal, and she engaged in conversation in a normal manner. Instead of sleeping badly, as had been the case for some weeks, she had for the last 2 or 3 nights slept well.

The colon was much less tender, and it was possible to palpate it more freely. It was still hardened but less enlarged. She made very satisfactory progress, and her mental condition was practically normal after ten weeks of treatment. She was, however, still conscious at times of the unpleasant sensation of enlargement of her body and limbs, but that troubled her very little, and she could throw herself into her day's work with interest.

She was now a bright, smiling, merry girl, who was working hard at home, and enjoying her work, and her improvement had taken place pari passu with the lessening of the tenderness of her colon.

This case shows how easily the tonic hardening of the colon - which was the cause of the mental symptoms - might have been overlooked.

A Case in which Loss of Memory suggestive of Double Personality was due to Colon Disturbance

This case is one of extreme interest, for it seems to afford unmistakable evidence that interference with some of the highest functions of the brain may be brought about by reflex disturbances of intestinal origin.

A Case of Mania

A young woman, whose duty it was to keep house for her three sisters who were at work, was brought to me at the General Hospital some 25 years ago because she was suffering from mental depression severe enough to interfere with her daily duties.

On inquiry, I found that she was suffering from the obsession that she was hopelessly wicked and was spending a large part of the day reading her Bible and bemoaning her depravity. I found that she was suffering from a very considerable amount of tonic colon hardening, and the absence of other symptoms due to this condition pointed to the fact that the mental disturbance was of colon origin. She was put on the usual treatment and the nature of her illness was explained to her.

Vertiginous Attacks Cured by Treatment of Tonic Colon Hardening

In the following case, tonic colon hardening was the cause of vertiginous attacks in a patient whose labyrinthine disturbance did not give rise to symptoms when the nervous system was of normal stability: Mrs. S., aged 55, seen in consultation with Dr. George, of Handsworth. The patient sought advice on account of fainting attacks from which she had suffered more or less for the last two years, and which she supposed to be of cardiac origin.

Headaches due to reflex disturbances of Abdominal Origin

With regard to the explanation of the sense of " well-being," as the headaches were congestive in character, it seems probable that the excess of blood, before it was enough to cause pain, was responsible for increased nervous activity in the brain and thus gave rise to the sense of happiness. If these physiological suggestions be accepted as true we can assert that mental symptoms may result from

alterations in the cerebral circulation which are due to reflex disturbances of abdominal origin.

Mental Depression Associated with Attacks of Colon Pain

The attacks of mental depression may come on under circumstances which are liable to be associated with attacks of colon pain.

For instance, they frequently come on in the small hours of the morning, sometimes after meals, or are liable to be brought on by mechanical vibration as when travelling in a shaky vehicle or on walking.

One sometimes meets with patients who cannot travel in a shaky bus or tram because of the mental depression it induces. We find this also in the case of colon pain. We find that the attacks of mental misery are cured by the same treatment which cures colon pain, and occasionally with the same dramatic suddenness.

Respecting Treatment

"Whenever patients who, for some months have suffered from pain or from mental distress of colon origin, obtain relief by treatment of the colon ailment, it is of the utmost importance that they should be given at least 3 or 4 weeks' complete mental rest and change of surroundings.

If this be not done the sense of relief which they experience will lead them so to overtax their deficient nervous energy that they will bring about a return of all their symptoms in consequence of the undue lowering of their nervous tone.

Concerning the Nervous System

In every case of neurasthenia examine the colon for hardness and tenderness. If present, then colon treatment will, in all probability, relieve and possibly cure the patient's symptoms. If mental inertia or physical lassitude occurs unexpectedly during working hours: suspect a colon origin.

If mental or physical lassitude occurs on first waking of a morning, and is speedily dissipated by physical or mental activity, the case is probably one of reflex circulatory disturbance of colon origin. If a patient suffers from attacks of causeless weeping: suspect a colon origin.

Neurasthenia

A condition characterized by lassitude, fatigue, headache, and irritability, associated chiefly with emotional disturbance.

Colon Origin

If abdominal palpation gives rise to pain which is referred to some distant point, such as the gluteal region or the opposite side of the abdomen: it is in all probability of colon origin.

If vomiting occurs unexpectedly after meals, or as the result of nervous strain or excitement, it is probably reflex and of colon origin.

When, in dilatation of the stomach with retention of its contents, the pitch of the note given by the succussion splash is high: suspect reflex pyloric spasm as the cause, and examine the colon carefully for hardness and tenderness.

In a patient with reflex gastric hypertonicity and pyloric spasm (as evidenced by water-brash acidity, vomiting, etc., without any local signs of gastric catarrh), remember that the cause may be tonic colon hardening and not necessarily one of the three usually recognized conditions; namely, duodenal ulcer, gall-stones, or a pathological condition of the appendix.

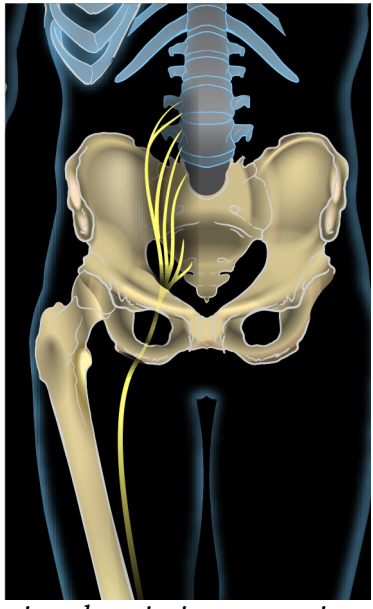
Concerning the Circulatory System

When cardiac symptoms such as pain or palpitation are unaccompanied by a definite amount of cardiac inefficiency: suspect a colon origin. When pain, palpitation, and dyspnoea are as troublesome by night as by day, and especially if they occur in the small hours of the morning:

suspect their colon origin. Suspect Tonic Colon Hardening in cases where cardiac symptoms occur under conditions which do not put special strain upon the heart, more especially if their occurrence is irregular, and they are sometimes brought on by circumstances which are, at other times, powerless to do so." page 194. - Dr Stacey Wilson, MD "Tonic Hardening of the Colon", 1927

Chapter 30

Sciatica



Anterior view showing the sciatic nerve going down the right leg

Sciatica has two main causes. Both of which bringing pain and discomfort to the body. The most common cause is:

1. Functional in Origin

Accident or injury causing a misalignment to the musculoskeletal system, whereby, this misalignment is causing discomfort to the sciatic nerve. To be resolved by either an Osteopathic Manipulation, or a Chiropractic Adjustment.

2. Organic in Origin

Inflammation present in the distal colon, affecting the sciatic nerve.

The Treatment of Sciatica

"G. A. Young advises that the primary treatment of an acute attack should be diaphoretic.

A full hot bath, followed by hot drinks and frequently repeated doses of tincture of aconite, with complete rest, often cut short the attack.

And the bowels should be thoroughly flushed, preferably with salines, for several days. Prolonged hot applications, dry or moist, are of great service. The use of the arc lamp often produces striking results. In the evening, has the patient sweat between blankets, and then rubbed down and placed in a warm bed. Galvanism should be used after the diaphoretic measures have failed to remove the pain.

The diet should be restricted and should be suitable to the "uric acid diathesis." Water should be given freely, and may also be used in the form of high normal salt colonic flushings. The treatment of chronic sciatica, apart from the correction of adjacent local disease and the systemic intoxication present, may be summed up under 3 heads:

Baths (both thermal and light), Massage, and the Injection treatment." - in "New York Medical Journal", 9 August 1913.

> *"Sciatica and myalgias of the lumbar region in which a coexistent mucous catarrh is frequently found; in one of the cases observed the result was most striking." - Dr Alexander George Gibson, MD, FRCP, "The Use of the Plombieres Douche", Proceedings of the Royal Society of Medicine, Vol. 16, May 1923.*

The Relation of Arthritis of the Sacro-Iliac Joint to Sciatica, With Analysis of 100 cases

"The part which the sacro-iliac joint plays in "lumbago" and "sciatica" has long been a source of speculation, and in America "sacro-iliac strain" or subluxation is a common diagnosis. My attention has been drawn to the apparent

frequency of a spur or irregularity of bone at the lower end of the sacroiliac joint, and the analysis of a number of cases may be of some value.

The series consists of 100 cases admitted to the Royal Bath Hospital, Harrogate, with a diagnosis of sciatica, in all of which radiograms of the sacro-iliac and lumbo-sacral joints had been taken. In all radiograms the hip was included, and in most some or all of the lumbar vertebrae were shown.

If my conception of the -cause of some sciaticas is correct, the rational line of treatment is to assume that the sacro-iliac joint is the seat of a so-called rheumatic infection.

Having eliminated gross disease in the pelvis and a tuberculous infection, it is necessary to exclude any possible source of infection-as in arthritis in any other joint.

The main treatment at the Royal Bath Hospital is Hydrotherapy, and I have found the sulphur bath with subaqueous douche most valuable.

This may be followed by the Scotch douche or a massage douche bath when the acute pain has subsided, but massage given in the acute or subacute stage aggravates the condition. In conjunction with this, sulphur water by the mouth ensures a complete daily evacuation of the bowels, and in suitable cases colon lavage with sulphur water is employed.

A course of treatment of this kind usually extends over three or four weeks, and in the majority of cases results in great amelioration, if not complete disappearance of all symptoms.

Conclusions

The above series of 100 cases represents less than one-fifth of the cases of sciatica admitted to the hospital during the past 6 years, and was selected because radiograms of the sacro-iliac joint had been taken. The following conclusions seem justifiable:

1. Arthritis of the sacro-iliac joint accounts for an appreciable proportion of cases of sciatica, 36% in this series.
2. The symptoms are due to a periarthritis involving the

anterior sacro-iliac ligament, the pyriformis muscle, and the adjacent radicals of the sciatic nerve, chiefly the first and second sacral nerves.

3. It is possible to diagnose this condition with a reasonable degree of certainty.

4. X rays confirm the diagnosis in many cases by showing spur formation, indistinct outline, or fusion of the sacro-iliac joint.

5. Treatment should follow the course indicated in arthritis or periarthritis of other joints of the body.

6. Strain of the sacro-iliac joint may be a predisposing factor in the condition, but is not a common sole cause of sciatica." - W. Yeoman, MB, Honorary Physician, Royal Bath Hospital in "The Lancet", Vol. 212, Issue 5492, 1 December 1928.

Plombieres Treatment

"What-is known in England as the Plombieres treatment for muco-membranous colitis, etc., comprises:

1. Intestinal douches,
2. Sedative warm baths,
3. Under-water douches directed against the abdomen.

But these 3 parts of the treatment are not necessarily employed altogether. The intestinal douche (for which the Source des Dames is employed) is given with the patient reclining on a couch, so that a regular lavage of the large intestine is effected. It is termed a douche horizontale to distinguish it from the douche ascendante or rectal (louche, for which the patient is seated on a stool.

This intestinal or horizontal douche is employed in cases of muco-membranous colitis and chronic diarrhoea; in chronic metritis the douche should not reach higher than the rectum.

The sedative baths are given at 95 to 98.6 F, and the Tivoli douches at higher temperatures.

A douche Tivoli at Plombieres is a hot douche (3.5 to 5.5 F.

hotter than the bath) given after the patient has left the bath; it is generally applied to the whole body; though specially directed to affected parts (sciatica, lumbago, etc.), and is sometimes accompanied by massage, as at Aix-les-Bains, Vichy, etc.

What is, however, often spoken of in England as the douche Tivoli or Plombieres is the hot (about 107.5 to 111° F.) under-water or submarine douche directed under the water of the bath against the abdomen.

The baths usually last forty to fifty minutes; the under-water douches last five to ten minutes, and are given just before the patients leave their baths." - Sir H. Weber and F. Parkes Weber, in "British Medical Journal", 23 September 1911.

Turpentine in Sciatica

"Dr. Ducros, of Marseilles, gives an account of the great efficacy he found in spirit of turpentine administered in cases of sciatica.

He employed it in the form of lavement; gradually increasing the quantity at successive injections, until it amounted to two or three ounces. He conceives it to have a specific effect. – Gaz des Hôpitaux." - in "London Medical Gazette Or, Journal of Practical Medicine", Vol. 17, 1836.

Lavement: From French lavement, from laver "to wash"

Noun lavement (plural lavements)

1. A washing or bathing.
2. A clyster.

"Other nervous phenomena are: slight fatigue, tremor and convulsions (Huntington's chorea), hypersensitivity, herpes zoster, Dercum disease, neuralgia, which may be present in polyneuritis and often considered as "rheumatic" (eg sciatica can be caused by intestinal putrefaction and especially by irritation from pressure

of the full rectum)." - Gymnacolon-Darmbad-Institut, Nuremberg, 1930.

Woman with Sciatica and Irritable Bowel Syndrome

"This 56 year-old woman came into the offic230e with lower back pain that shot down the back of her right leg and into her foot. In her consultation she said, "She noticed slight lower back stiffness and discomfort about a year ago and it kept getting progressively worse until 2 weeks ago when the pain started going down her leg." She then relates that, "She's had some lower back pain and stiffness and suffered from frequent constipation and diarrhoea for over 10 years." - Dr Jon P Heins, DC 2013.

Sciatic Nerve is the Largest and Longest Spinal Nerve

The sciatic nerve forms from the merger of the fourth and fifth lumbar nerves with the first, second, and third sacral nerves, and is more accurately five nerves that come together.

Technically, the 4^{th} and 5^{th} lumbar nerves and the first three nerves in the sacral spine come together and merge into the unified sciatic.

At its largest point is as big as a thumb. It extends from the lumbar and sacral plexuses in the lower back, through the buttocks and into the thighs. It delivers nerve signals to and from the muscles and skin of the thighs, lower legs and feet. Due to its length and position the sciatic nerve can be either affected by structural misalignment, which require either a Osteopathic Manipulation or a Chiropractic Adjustment to the Lumbar spine (lower back), Sacral area (base of the spine).

"I was still in great pain. During the colonic session,

they assessed that my condition was an attack of sciatica, resulting from toxicity and an impaction in my colon. They explained that the largest nerve in the body, the sciatic nerve can become inflamed due to an accumulation of toxic metabolic by-products from the colon. Such inflammation results in shooting pain in either the low back or the inside of the leg. After a single 1 hour visit, I walked out free of pain and have not suffered a recurrence in the last 20 years." - David Webster , in "Achieve Maximum Health", 1995.

Chapter 31

The Effect of Intestinal Toxicity

"If we lived on healthy food and drink, such a thing as disease would be impossible". - Whitlaw

"Would you first remove the cause or the effect, if you were aiming at the overthrow of any evil? The philosophy of common sense, says the cause. Then abstain Abandon it, and secure yourself against its bewitching influence." - Lord Althorp, speech to the House of Commons

Questionnaires To The Profession

To acquire information and the viewpoints of the different specialists on intestinal factors considered important in diseases and disorders in their fields of work, questionnaires were distributed among the most prominent specialists in the United States, the British Empire and the European. Largely they were sent to the more prominent and well-known members of the different national societies devoted to study of subjects in the different specialities.

Also included were those who occupied teaching chairs in the specialities in the various medical schools, the men who had charge of these departments in most of the well-known clinics together with those known by reputation to be most capable in their work. The intestinal canal is the one big factor in the production of the diseases in our work."

"The chronic practically all of them", "They are found as causes in the acute as well as the chronic." With some of the

men the idea of such a connection was a new one," and others an "old one" which had received their attention for years and because of these attentions they felt the benefits accomplished in their work were "slightly", "distinctly," "generally", or "markedly" enhanced.

Test cases of one entity here and there in different departments that had received the largest number of positive answers in an etiological sense were made and definite questions were asked on it of thirty prominent men in the one speciality, and there were as high as twenty-nine different opinions in instances which ranged all the way from pro to con, and this diversity of opinions was general in all the specialities.

Quite generally it was proven that none of the men or in any of the medical institutions or clinics of this country was worthwhile work being done on the intestinal biologic disorders (and of course on their treatments). Mostly no effort of any kind was made, even though numerous men in these institutions believed in a primary or contributing connection.

The questionnaires to heads of laboratories brought an occasional interest in a Gram-differential stained count of a cold specimen of stool (of course blood, excess fats, etc., were of interest), but no deductions, interest or work beyond this, in either stools, urines or blood. In toto, the questionnaires proved that the most common disorder of man and the most potent producer of disease, neither in diagnoses nor therapeutics, was being paid any attention to, and if so, it was largely on an assumption type of diagnosis on the part of the clinicians and with treatments quite as deficient.

SPECIALITY INTERNAL MEDICINE

"Directly or indirectly the whole field of medicine."

SPECIALITY GASTRO-ENTEROLOGY

"Practically important in all diseases."

SPECIALITY CARDIOLOGY

"**The 90%, factor of the whole field of heart disease.**"

SPECIALITY NEUROPSYCHIATRY AND NEUROLOGY

"Many of nervous disorders are primary or secondary from intestinal disorders."

"**The most important of all factors**."

SPECIALITY ORTHOPEDICS

"Very important."

SPECIALITY OTORHINOLARYNGOLOGY

"Intestinal canal most important source of diseases and conditions."

"Practically all that come into this field of medicine."

"The list of diseases and disorders too long to tabulate."

"In all chronic inflammatory conditions, intestinal toxaemia is the rule rather than the exception."

"Practically the complete list of all nose and throat conditions."

"All stubborn or severe nose and throat conditions."

SPECIALITY OPHTHALMOLOGY

"In many conditions."

"The most important factor in functional and chronic eye diseases."

"Much stress should be laid on intestinal conditions causing eye diseases."

SPECIALITY DERMATOLOGY

"Practically all skin diseases."

"The more the attention to the intestine, the better the dermatologist's results."

SPECIALITY UROLOGY

"Tremendously important."

"Of far more importance than urologists realize."

SPECIALITY GYNECOLOGY

"**Any and all of the disorders**."

SPECIALITY PEDIATRICS

"**About all there is in Paediatrics is disorders of digestion.**"

"Every condition in health or disease, during the years of rapid growth."

"Too numerous to record." - Dr Anthony Bassler, MD, FACP, in "Intestinal Toxemia, Autointoxication, Biologically Considered", 1930.

Chapter 32

Bowel Stagnation

"According to Metchnikoff, the absorption of toxins from putrefactive bacteria in the large intestine produces changes which cause disease and shorten life." - Alfred C. Jordan, MD, in "Chronic Intestinal Stasis; A Radiological Study", 1923.

"Chronic constipation is not only one of the most depressing, distressing and tormenting, but also one of the most deadly, of maladies.

Chronic Bowel Stagnation affects us in a threefold manner:

1. In the first place, it weakens the body as a whole, undermines its power of resistance against every infection and every disease, and thus opens the way for numerous maladies which rather attack the chronically constipated than those who are possessed of healthy, normally functioning bowels.

2. In the second place, chronic bowel stagnation, by weakening the body as a whole, aggravates every complaint, disorder or disease from which we may happen to suffer.

3. Last, but not least, chronic stagnation of the bowels leads to auto-intoxication, to self-poisoning of the system, and to the degeneration of the bowel and of the whole of the alimentary tract and its connections from the mouth to the exit.

Where constipation is universal, pyorrhoea and dental decay, tonsillitis, adenoids, catarrhs of the nose and throat, indigestion, ulcers of the stomach and of the duodenum, appendicitis, colitis, gall-stones, diseases of the liver and

kidneys, haemorrhoids, fistula and pruritus of the anus and cancer of the stomach and bowel are also universal.

The poisoning of the system consequent upon chronic stagnation of the bowel leads of course not only to the grave degeneration of the entire alimentary canal and its connected organs.

The body does not consist of a number of isolated organs.

Hence degeneration of the digestive tract leads to similar degeneration of the whole body, of all its organs and structures, and to the decline of all its functions. Muscles, bones, skin and hair, teeth, organs, nerves and brain are nourished and kept wholesome by the blood.

The old Bible tells us truly that "the blood is the life."

Those who suffer from chronic bowel stagnation and consequent auto-intoxication show that their blood is impoverished and degraded by their pale, yellowish, greyish and unhealthy skin and complexion. Scientific analysis of the blood of the chronically constipated shows that it is either deficient in red blood corpuscles, or that the red blood corpuscles are deficient in iron, or that there is a deficiency of both at the same time.

The soundness of the teeth depends on that of their daily blood supply wherewith they are nourished. The soundness of the heart depends, according to the teachings of the highest authorities, principally on the quality of the blood which nourishes the heart muscles and valves.

The functioning of our eyes and ears is largely dependent upon the quality of the blood whereby these organs are fed day by day.

The health of our nerves and brain, of our muscles and bones, of our hair and nails, etc., is determined by the quality of the blood, which either strengthens or poisons them. We can, therefore, not wonder that chronic constipation leads to innumerable disorders, diseases and defects, among them heart disease, neurasthenia and other nerve diseases, melancholia, epilepsy, many forms of

insanity, degeneration of eyesight and hearing, the peculiar diseases of women, infertility in both sexes, diabetes, arterio-sclerosis, the rheumatic diseases, falling off of the hair, degeneration of the nails, various skin diseases and other defects and diseases too numerous to mention." - J. Ellis Barker, in "Chronic Constipation", 1927.

Action of the Bowels

"An important matter with regard to the digestive system is the action of the bowels. There are great differences in this respect with different persons; many only feel well if they have one or two evacuations daily, and even more, and they mostly have them without being obliged to pay any attention to the nature of their food; others have a motion only every second and even third day, without suffering in health.

On the other hand, there are many persons who have great difficulty in this function; they go for 3 and 4 days and longer; some do so without feeling inconvenience, but in the majority, in course of time the health is disturbed by this habitual constipation, especially by interfering with the portal circulation, by causing piles, and by the absorption of ptomaines; auto-intoxication manifesting itself in many ways, such as headaches, drowsiness, lassitude, unfitness for mental work, some forms of neurasthenia, and of chronic anaemia.

Constipation may also cause organic disease of the intestines; the irritation which the hard faecal matters exercise on the mucous membrane, especially in the lower region of the bowels, from the beginning of sigmoid flexure to the anus is, in some persons, the probable cause of cancer. A great point is to accustom the bowels to a regular action at a certain time of the day, a habit which ought to be cultivated from childhood; the morning, if possible, excepting in persons affected with piles, to whom the evacuation of the bowels at bedtime is more useful, since by rest in the recumbent position after the motion the lower part of the bowel returns to its natural position, and the

haemorrhoidal vessels become relieved.

The quantity and quality of food are of great importance to persons with sluggish bowels. A diet consisting in a great part of flesh food, eggs, cheese and farinaceous matter, is in many persons attended with constipation, while the diminution of these substances and the substitution of fruit and green vegetables leads to regularity of the bowels.

The reason is that of flesh food, cheese and eggs the greatest part is absorbed in the upper portion of the intestines, and only a small quantity remains for the formation of faeces, insufficient to stimulate the peristaltic action of the bowels; while green vegetables and fruit having a large proportion of vegetable cellulose, which usually is not absorbed in the intestines, lead to a larger quantity of faecal matter, sufficient to promote peristaltic action and regular evacuations. With many people, however, this change of diet alone is insufficient to make the bowels act regularly.

They require substances which cause a greater amount of local mechanical stimulation, such as is produced by the bran of brown or wholemeal bread, in addition to the fibres of green vegetables and fruit. Sir Lauder Brunton explained this in a practical lecture on constipation some years ago. The best brown bread, in my experience, is the whole-meal bread recommended by Sir Henry Thompson, which is a modification of the ordinary brown bread, or Graham bread; and for travelling, whole-meal biscuits may be substituted. The best qualities of figs are likewise useful, partly no doubt by the seeds they contain, but partly also by the other portion of the pulp.

One or two fair-sized pieces of fruit at breakfast are of great assistance to many persons. Cooked fruit is less active, although it is likewise useful; a disadvantage in cooked fruit and compotes is the customary addition of much sugar, which ought to be avoided.

Dr. Schmidt and Dr. Neville Wood have explained the occurrence of constipation in many persons, by the peculiarity of their digesting a great part of the cellulose contained in the food, and through this producing only a

scanty amount of faecal matter. To prevent this they recommend such persons suffering from constipation to take once or twice a day a substance which is not absorbable by the intestines, and forms a coating round the food on its passage through the bowels, thus preventing the absorption of the cellulose and rendering at the same time the faecal matter softer.

Such substances are fluid paraffin and agar-agar. Honey regularly used at breakfast, with or without butter, acts on many persons as a gentle aperient, but there are others who cannot bear it, as it causes with them attacks of colicky pains and diarrhoea.

There are many people who think that it is better to take only the nourishing parts of food, which are in their opinion more digestible, and save their digestive organs the labour of extracting them; they prefer meat extracts to meat, fruit jellies to the whole fruit, the finest flour to the entire wheat meal; but this is for most persons a great mistake, not only on account of the reason previously given, viz., the slight stimulation caused by the vegetable fibres, and other solid parts contained in the coarse meal and bran, but also because the stomach and intestines ought to be kept at work like all other organs of the body, provided they are free from ulceration, catarrhal affection; or other disease.

Furthermore, the entire natural substances are more useful than the extracts; the entire meat is more nourishing than ordinary extracts of meat, which do not make muscle though they exercise some nourishing action; the very fine white bread is rather inferior in its nutritious qualities to the wheaten bread made from the entire flour, the whole-meal bread or any good household bread, excepting some persons for whom it is necessary to avoid food containing purin as much as possible, and some others in whom the presence of much cellulose causes the development of gases. For these the finest white bread is preferable, since it is almost free from purin, while the whole-meal bread contains a certain amount of it. If the arrangement of food, or the addition of some lubricating matter mentioned, is not sufficient to produce regular action of the bowels, massage of the

abdominal organs is in many people a satisfactory measure, and almost every individual can learn to practise this on himself.

Another help, and a very useful one, not only with regard to the motion of the bowels, is the voluntary and systematic contraction of the muscles of the abdominal wall, the abdominal pressure (Bauch Presse of the Germans). By slowly and thoroughly contracting the abdominal muscles from above downward 50 or 60 times, and by keeping them in contraction during full and prolonged expiration, not only the intestines, but also the liver, the bowels, the blood-vessels, and all the organs within the abdominal cavity are compressed, the entire abdominal circulation is activated, the blood squeezed out of the veins and moved on towards the heart, which is strengthened by the extra work which it has to perform, as well as the abdominal muscles themselves.

A glass of hot or cold water, taken about one hours before breakfast, has often the desired effect, or a brisk walk. If by all these aids the regular action of the bowels cannot be obtained, and if the health of the individual suffers in consequence, mild aperients (a substance used to relieve constipation) become to some persons a necessity, especially to gouty people, as the tendency to imperfect removal of excretory matters is mostly part of their constitution, and may lead to various deviations from health, and ultimately shorten life.

Many people, however, always take aperients without requiring them, and live in constant fear of constipation, a kind of hypochondriasis. It is further important to consider that the amount and nature of food and the way of taking it exercise great influence on the frequency or rarity and on the abundance or paucity of motions. If a large quantity of food containing much insoluble vegetable fibre is consumed, a greater amount of substance must be evacuated by the bowels; but if only a moderate amount of food is taken, the greatest part of which can be dissolved and absorbed in the intestines, only a small amount remains for evacuation through the stools, and the motions may be less frequent

and less bulky.

The way in which the food is taken exercises likewise great influence; by the process of cooking the fibrous parts of the food are softened, the saliva and gastric juice are allowed to act on it, and absorption is promoted.

Equally important and in some respects more so is thorough mastication, by which, combined with the admixture of saliva in the mouth, a much larger amount of nourishing material becomes absorbable and is absorbed in the intestines, a smaller quantity of the original food substance remains." - Sir Hermann Weber, MD, FRCP, in "On Means for the Prolongation of Life", 1908.

Impermeability of the Intestine

"Prolonged coprostasis (constipation) sometimes causes ulcers, especially in the caecum and flexures of the colon, the so-called stercoral ulcers, which, like those of dysentery, may occasion burrowing suppuration and undermining of the mucous membrane, perforation", or circumscribed peritonitis with stenosis of the canal.

The latter also occurs sometimes at the flexures without ulceration, where, when the peristaltic action is weakened, the obstacles to the advance of the contents show themselves first and prominently. Not unfrequently the irritation and stretching caused by the blockaded faeces set up an insidious chronic peritonitis, which may lead to adhesions and narrowing of the intestine. Sometimes the acute circumscribed peritonitis, starting from stercoral ulcers of the colon, plays an important part in the production of impermeability of the intestine; for it is that which, by paralysing the muscular coat, causes permanent, fatal stasis of the faeces." - Dr. H. von Ziemssen, MD, Professor of Clinical Medicine, Munich, in "Cyclopaedia of the Practice of Medicine", Vol. 7, 1876.

Areas of the Colon where Cancer is More Prevalent

The following is a study done in 1933, that show clearly

that cancer of the colon is more prevalent in the area where stagnation of faeces is predominant, such in cases of constipation.

Of 91 cases: 72.2% of total, of carcinoma of the Sigmoid, rectum and rectosigmoid.

"Sigmoid 13.5%
Rectum and rectosigmoid 58.7%

- Lahey in "Carcinoma of Colon", American Journal of Surgery, New Series, Vol. XXII, No.1, October 1933.

Chronic Intestinal Stasis

"The work of Dr William Arbuthnot Lane, MD (in June 1913, for his great contribution to surgery Sir Lane was made a Baronet), has opened a distinctly new line of investigation with regard to a large class of maladies associated with impaired function of some part of the alimentary canal and of organs closely related thereto.

General Autointoxication, Chronic Constipation, Visceroptosis (prolapse or sinking of the abdominal viscera), Floating Kidney, Gallstones, Duodenal Ulcer, Mucous Colitis, Pericolitis (inflammation of tissues around the colon), Chronic Appendicitis, and other conditions traceable to perverted function of these parts of the organism, must now be studied from a different point of view from that which has been brought to bear in the past.

Lane has pressed forward in the effort to discover first causes, and in doing so he has demonstrated clearly that in health maintenance the question of prime importance is body-drainage; the non-absorption of poisons, and the elimination of whatever poisonous matter may be produced within the alimentary canal, before there has been inaugurated a vicious cycle of events which may be the forerunner of disastrous end-results.

Attention has thus been focussed more directly upon the previously obscure phenomena of intestinal stasis, and

a plausible explanation has been offered of the causes underlying the evolution of these phenomena.

Lane has demonstrated to his own satisfaction and to that of a large number of surgeons, in Europe and America, that intestinal stasis, as he calls this slowing of the drainage current, is the result of the abnormal fixation of certain portions of the canal, with a dropping of the tube on either side of the fixed point, thus producing a kink. The kinking of the intestine prevents the free passage of its contents, causes a "puddling" in the dependent portions, a darning back and infection of the material and a general slowing of the drainage.

His definition of this state of affairs, this "chronic intestinal stasis," is:

> *"Such an abnormal delay in the passage of the intestinal contents through a portion or portions of the gastro-intestinal tract as results in the absorption of a greater quantity of toxic or poisonous materials than can be treated effectually by the organs whose function it is to convert them into products as innocuous as possible to the tissues of the body."*

This reabsorption and auto-intoxication, according to Lane, leads to a general lowering of the resistance of the body and to the concomitant increase in susceptibility to various diseases. This increased susceptibility, in his opinion, finds an expression in various conditions to which he has applied the term "end-results."

His view, it will be noted, is thus the direct antithesis of that of many other observers, who consider such diseases as causative factors in the production of chronic intestinal stasis. Notable examples of what Lane has diagnosed as "end-results" are: Cancer of the Stomach, Intestine, Biliary ducts or Pancreas; Visceral Tuberculosis; Rheumatoid Arthritis.

The explanation offered by Lane for the conditions which lead to chronic intestinal stasis is a purely evolutionary one,

as opposed to the hereditary, congenital and toxic theories held by others who have made a study of intestinal obstruction in general.

According to Lane, the toxic symptoms are secondary; others hold them to be primary or causative of the mechanical changes which produce stasis. The ptosis (prolapse) of the abdominal viscera, according to Lane's theory, is, broadly speaking, the result of the assumption, by man, of the upright position.

In early life, this ptosis (prolapse) is the result of an abnormal distention of the intestine, consequent upon too frequent feeding, or upon the continued use of an unsuitable diet. In later years it is brought about or accentuated by the erect posture which man assumes during the waking hours.

The resulting pressure and strain may produce distinct changes, which may take the form of evolutionary bands, as Lane calls them.

These bands are practically without blood supply, and are not to be confounded with inflammatory adhesions, which are apt to have a generous blood supply. These evolutionary bands exist primarily for the advantage of the individual, for the purpose of supporting the intestines and preventing them from dropping downward. These bands do not develop with equal strength throughout, unfortunately, and as a consequence the bowel is held up firmly in some points and allowed to sag in others, the result being the angulation, or kink, at the point of support.

The formation of these evolutionary bands leads to kinking of the intestine at certain points of predilection, as demonstrated by Lane:

1. Pylorus;
2. Duodeno-jejunal junction;
3. Different points along the terminal coil of the ileum;
4. Appendix;
5. Hepatic flexure;
6. Splenic flexure;
7. Sigmoid flexure;
8. Rectum.

The symptoms which result from chronic intestinal stasis vary in different individuals, with the degree of obstruction, and with the concomitant "end-result" manifestations.

They may be briefly catalogued as follows:

1. Headache, severe and frequent;
2. Nausea, followed by retching or vomiting;
3. Anorexia, almost constantly present;
4. Loss of weight;
5. Coldness of extremities;
6. Mental apathy;
7. Constipation;
8. Foul taste in mouth, often accompanied by foul breath, carious teeth, and furred tongue;
9. Abdominal distention, relieved by eructation, the passage of flatus, or an action of the bowels;
10. Abdominal tenderness over the areas of fixation;
11. Skin-staining;
12. Breast changes, simulating chronic mastitis, in the early stages, and cystic degeneration in the later stages;
13. General muscular pain and more or less marked stiffness of joints.

Stasis cases have been classified, according to predominant symptoms, under the following types:

1. Obstructive. These have usually been regarded as having duodenal ulcer, cancer of the stomach, or "nervous dyspepsia."
2. Toxic, in which the symptoms range from occasional "bilious attacks," through the various types of "indigestion," "atonic constipation," to neuroses of divers kinds.
3. Mixed Type, presenting symptoms of the obstructive and toxic types.
4. End-result type, comprising such affections as intestinal cancer, gall-stones, tuberculosis, rheumatoid arthritis, Still's disease, etc.

The diagnosis of chronic intestinal stasis is made by the clinical symptoms, plus careful radiographic study, the degree of obstruction and the location of the obstructing kink being determined by the rapidity of the passage through the intestine of bismuth.

The treatment depends upon the degree of stasis. In atonic or asthenic individuals, where there is general loss of muscular tone and nervous energy, with only slight degrees of ptosis of the hollow viscera, complete cure may be effected by means of abdominal supports, tonic regime, building up the nutrition, and rest, until nerves and muscles have regained their normal tonus.

It is held by Lane and his followers that in the vast majority of instances, intelligent management by the internist will prevent chronic intestinal stasis, and that the milder degrees, promptly recognized and carefully treated by the measures outlined, may be cured without recourse to surgical measures.

Once allowed to progress, however, to the more marked degrees of stasis, with definite kinking, and with clearly characteristic symptoms, surgery must be brought into requisition." - William Seaman Bainbridge, AM, Sc.D., MD, Professor of Surgery, New York, Polyclinic Medical School and Hospital, 19 April 1913.

Contribution to the Study of Chronic Intestinal Stasis

"The hard-and-fast division of diseases into functional and organic, and into metabolic and microbial, no longer holds.

"Idiopathic," a term formerly used with such impunity, and now generally accepted as signifying ignorance of the etiology of a given malady, is fast becoming obsolete. The trend of modern medicine is to consider so-called functional affections as way-stages to organic disease, and to trace the given conditions back, through the factors which initiated

the functional derangement, to the underlying cause or causes of the actual organic disease.

We hear much more, today, of toxins — poisons produced by germs—than of the germs themselves; more of bacterins — substances introduced into the organism for the purpose of producing immunity — than of a mysterious, inherent capacity to resist disease. Happily, we are, as a profession, gradually getting back to causal factors.

The fallacy of regarding one effect as the cause of another is slowly but surely disappearing. Constipation, for example, is no longer regarded as a disease, but as an indication of an underlying pathological condition. Indeed, in no department of medicine and surgery is this "back to the cause" movement more noticeable than is that which deals directly with the gastrointestinal tract.

The pioneer in this hitherto largely neglected field is unquestionably William Arbuthnot Lane. In the face of skepticism, even of ridicule, he has pressed forward in the work of discovering first causes. He has demonstrated clearly that in health maintenance the question of prime importance is body-drainage - the non-absorption of poisons, and the elimination of whatever poisonous matter may be produced within the alimentary canal, before there has been inaugurated a vicious cycle of events which may be the forerunner of disastrous end-results.

Lane and his followers have thus focused attention more directly upon the previously obscure phenomena of intestinal stasis, and have offered a plausible explanation of the underlying causes which have led to the evolution of what have been called "the protean symptoms in a large group of patients who have received much treatment and little benefit from the medical profession and who have been exploited by the dietetic faddist and the charlatan.

Intestinal Obstruction

The existence of chronic intestinal obstruction has also long been accepted as a possible contingency. It was left, however, to Dr. Lane to establish the fact that many of the

factors concerned in the production of the various types of chronic intestinal obstruction are associated with, or perhaps are dependent upon, an already existent chronic intestinal stasis, and that they are, in reality, end-results of such a condition.

A notable example of what Dr. Lane has designated as the end-result, and which is catalogued by others as a causative factor in the production of chronic intestinal stasis, is cancer; cancer of the stomach, intestine, biliary ducts, or pancreas.

It should be borne in mind in all cases of chronic constipation, autointoxication, and other obscure conditions seemingly having their origin in defective function of some portion of the gastrointestinal tract. It should be borne in mind particularly, in all cases of "visceroptosis," of "floating kidney," of "gallstones," of "duodenal ulcer," of "mucous colitis," of "pericolitis," of "chronic appendicitis," etc. It should not be forgotten in the group of conditions to which the term "protein diseases" has been applied,—a term used, as Vaughan has pointed out, "to cover the majority of bacterial and protozoal diseases, and many of those hitherto regarded as autogenous."

Associated with intestinal stasis, there is a considerable ascent in the level of deleterious organisms in the small intestines with occasional infections of the biliary and pancreatic duct, producing gallstones, pancreatitis, and later cancer of these several structures.

Stasis

The natural outcome of this kinking of any portion of the drainage tube is obstruction to the lumen of the intestine at the point of the kink, with "puddling" in the dependent portions, damming back and infection of the contents, and general slowing of the drainage of the canal.

To this state of affairs Lane has applied the term "chronic intestinal stasis," which he defines as follows: '

'Such an abnormal delay in the passage of the intestinal contents through a portion or portions of the

gastrointestinal tract as results in the absorption into the circulation of a greater quantity of toxic or poisonous materials than can be treated effectually by the organs whose function it is to convert them into products as innocuous as possible to the tissues of the body."

This reabsorption and autointoxication, in Lane's opinion, lead to a general lowering of the resistance of the body and to the concomitant increase in susceptibility to various diseases.

Symptomatology

The symptomatology of advanced stasis due to kinks of the intestine has been so admirably stated by Chapple that I give it here as formulated by him. He reviewed 50 cases, in which he found the following constant set of symptoms:

1. Headaches, which were severe and frequent.

2. Attacks of nausea, often followed by retching or actual vomiting. In some cases the vomiting was very frequent indeed and of a severe nature. It was very interesting to note that in several of the cases blood was frequently present in the vomit, and had led very able men to the diagnosis of gastric ulcer, although none such was found at the operation.

3. Loss of appetite was almost constantly present.

4. Loss of weight was present in all cases.

5. Markedly cold hands and feet, which gave an indication of a defective circulation.

6. Mental apathy. This was very definite in most cases. It was most marked in case XXX, who was in a state that was well described by her medical attendants as one of torpor. Many felt that death would be a welcome relief from their

physical and mental misery, and two had actually attempted to bring about that end.

7. Constipation, which in all was persistent and its previous treatment had failed. One case had gone on several occasions for 28 days without an action of her bowels in spite of treatment.

8. A constant foul taste in the mouth, which was often accompanied by foul breath and carious teeth. The tongue was constantly furred.

9. Attacks of abdominal distention, which were accompanied by discomfort and relieved by eructation or the passage of flatus or an action of the bowels.

10. General muscular pain and a loss of freedom in the movement of the joints."

Physical examination, in Chapple's experience, which is corroborative of that of Lane and others who have studied stasis cases, revealed:

1. Skin staining, as a rule of a sallow brownish nature, associated with more definite localized patches, especially under the eyes, in the axillae, and in the groins.

2. Breast changes, simulating, in the early stages, chronic mastitis, and in the later stages cystic degeneration.

3. Abdominal tenderness over the areas of fixation.

Classification of Cases of Intestinal Stasis into Clinical Groups, According to Predominant Symptoms

As the study of chronic intestinal stasis has proceeded, the cases have been classified according to the predominant

symptoms. In a recent contribution Schlesinger, who, as Dr. Lane's house-surgeon, Guy's Hospital, London, has had an ample opportunity of studying the cases before, during, and after operation, has classified them under the following types:

1. Obstructive, usually regarded as having duodenal ulcer, a gastric growth, or what is known as "nervous dyspepsia." Patients of this class, usually males, complain of pain after taking food, immediately or after an interval, with relief after vomiting. Headache, cold hands and feet, pigmentation, and the usual "toxic" symptoms are present in varying degrees.

Such patients, according to Schlesinger, usually have thickened or spasmodic arteries, with consequent increase of blood pressure. The abdominal muscles are well developed. The point of pain, upon examination, to which such patients direct attention is over the duodenum. Tenderness to pressure in the iliac fossa, x-ray examination reveals a firmly fixed point in the ileum, and a dilated and hyperthrophied duodenum. He claims the patients are invariably completely cured by ileocolostomy.

2. Toxic or suprarenal type, more generally found in women, is the type most commonly recognized. Constipation is generally present and often extreme. The group of symptoms diagnosticated as "toxic" overshadow the direct abdominal symptoms.

These toxic symptoms are both subjective and objective. Mental depression, sometimes of a very marked degree, is the chief symptom. The pigmentation is marked in these cases, there are low blood pressure, cold and clammy hands and feet, and general asthenia, suggestive of Addison's disease. Vomiting or severe retching is a fairly constant symptom.

Profuse perspiration, of a disagreeable odour, headache, harsh and inelastic skin, cystic degeneration of the breast, and extensive pyorrhea alveolaris, are other symptoms

noted by Schlesinger in this type of patients.

Abdominal pain may net be complained of, but tenderness over the ileum and the sigmoid is elicited upon examination. The ovaries are often considered the source of trouble in these cases, and single or double oophorectomy is not infrequently performed.

"This is the extreme picture of this type of case," according to Schlesinger, "but all stages of the condition, from the patient who has occasional 'bilious attacks through the various types of so-called indigestion, atonic constipation, neurosis, etc., can be recognized."

3. Mixed type, including those patients who present a mixture of the symptoms of the "obstructive" type with those of the "toxic" type.

4. End-result type, comprising a large group of cases (e.g., intestinal cancer, gallstones, tuberculosis, rheumatoid arthritis. Still's disease, etc.), in which the end-result overshadows the underlying cause.

This last group of cases, comprising, as it does, many of the conditions which have formerly been generally considered, and which are still considered by some, as the causative factor in the production of intestinal obstruction, brings us back to the "first horn of the dilemma" of interference with the flow of the contents of the drainage canal." - Dr William Seaman Bainbridge, Sc.D., MD, Professor of Surgery, New York Polyclinic Medical School and Hospital, in "A Contribution to the Study of Chronic Intestinal Stasis", September 1913.

When God created Man He Pronounced His work Good

"Christ, when living here as Jesus, set the example of perfection physically, mentally and spiritually. He

accomplished this by adhering strictly to All the laws of the universe, even to supplying His body with natural grains from the fields. We have this very definite record in the bible, and also the use of clay in restoring sight to the blind.

Dr. Frank Crane says:

> *"A great deal of what we call "Sin" is due to what the physician calls "Stasis", an imperfect movement of the intestinal contents. A person may have the highest ideals, the purest aspirations, the noblest intentions; he may be a devotee of uplift literature, he may be instinct in prayer and earnest in spirit, and yet wonder why gloom, depression and fear constantly assail him, and he often does not realize that his trials are due to a clogged colon and not to any spirit of evil. If he would get the colon bacilli out of his system, his terrible temptations might disappear. There is a vast deal of moral and religious work that physicians might do if they would induce people to cleanse the body as well as the body-surface. The First Requisite to "Sanctity" is to keep the intestines open."*

This of course, is best done by natural foods rather than laxatives.

In his book, "The Abundant Life," Reverend Robert B. H. Bell, M.A., says:

> *"When God created man He pronounced His work Good. Surely He meant a physical good as well as a spiritual one. When the body, mind and spirit are in tune, working in perfect coordination, there develops in us a joy and radiance which shines out of our very eyes. We feel a sense of happiness in being alive and when we*

are in that state, we can translate our thoughts into things and all nature responds to us."

The Necessary Enema

It is absolutely necessary to thoroughly cleanse the colon, with enemas. I preferred the enemas as I believed them more effective.

Where once I had resorted to various patent medicines and other concoctions to set me up, I now had no use for them. Don't imagine, however, that I accomplished all these good results in one full swoop. After my first lemon and water fast, came many of them of short duration, and some way had to be found to keep my poor distorted intestines cleaned out. Laxatives would not do it. I had tried them often with disastrous results.

How, then, should I accomplish this? Consultation with my doctor friend helped me solve this dilemma. Her experience was that it could be done only one way, and that was, with the enemas night and morning until nature could assert herself to overcome the many intestinal defects.

A quart of water was used and the enemas taken lying on my back with knees elevated in a relaxed position, or sometimes in the knee-chest position.

I found the first position best for me. The water was held as long as possible each time; at the same time, turning over on the right side to allow the water to permeate every part of the colon. In fact, for over a year, the enemas had to be resorted to every time the pockets in the colon became filled up. This was always indicated by a reappearance of the headaches.

There were other danger signs, such as sore teeth and sore neck glands. Some method also had to be devised to gradually raise the prolapsed transverse colon, for there could never be a normal bowel action while such an abnormal condition existed. A balanced diet had done wonders for me, but I knew that unless I took steps to correct the intestinal defects by a thorough cleansing program first, and normalize the distended and prolapsed

colon, I would not get very far toward achieving perfect health. The use of exercises proved to be the next step in overcoming these difficulties." - Lillian Taylor, in "Clean Up the Blood Stream and Live", 1944.

Chapter 33

Relation of Colitis to Other Diseases

"Chronic colitis was associated with anxiety-like behaviour." - in "The anxiolytic effect of Bifidobacterium longum NCC3001 involves vagal pathways for gut-brain communication", Neurogastroenterol Motil., December 2011.

Dermatoses

"Urticaria (itchy, swollen, red areas of the skin) — Dr. Light notes that Urticaria occasionally accompanies Colitis. This entirely falls in with my experience. Indeed we know that nettlerash is a common accompaniment of Graves disease. It follows the "gastric crisis" and the gastrit crisis means dilated stomach. Urticaria is a toxic sensory neuritis which is by no means the result of one cause only.

The ptomaines of certain fish, some molluscs and animal parasites, will induce nettlerash in certain people. Bouchard was the first to associate Urticaria with Gastrectasis. See pp. 162 to 171 of his "Auto-intoxication in Disease." Bouchard relates an interesting example of hydatid nettlerash on p. 162 of his book.

When performing Recamier's operation for hydatid liver-cyst, in a young girl, Beh1er inadvertently punctured a branch of the portal vein. Some fluid from the hydatid cyst passed directly into the circulation. Fortunately the only result was an acute attack of Urticaria. At a meeting of the West Kent Medico-Chirurgical Society, held 8 April 1904, the Professor of Pathology at St. Mary's, Dr. Almroth Wrigiit, opened a discussion on the "Treatment of Disease by Animal Extracts and Serums, with Special Reference to Practical Application."

The diphtheria antitoxic serum was, he said, the only one

that could be standardised; as to the others, they might contain the poisons, instead of the antidote.

He quoted:

1. very successful results from the use of antistaphylococcic serum in cases of boils, acne, sycosis and paronychia;
2. cases of lupus, tuberculous glands, tuberculous cystitis and peritonitis, benefited by the use of tuberculin.

The principle of administration was to allow a sufficient time to elapse between the injections to promote the formation of protective substance. Koch's original method gave no time for the patient to respond. After some discussion, Dr. Wright, in reply, said that joint-pains were not uncommon after antidiphtheria injections. The urticaria which often followed these injections was much benefited by the use of calcium chloride.

Dr. J. M. H. Macleod considers that Erythema multiforme and Herpes iris are one and the same disease; that both are nearly allied to Lupus erythematosus and that all are due to Intestinal Toxis. (Polyclinic, 22 Feb., 1904)

Furunculus (pointed burning sore on the human body; a boil, furuncle) – Bouchard also notices acne of the forehead, in cases of dilated stomach. It is possible that these spots may be due to the absorption of putrefactive sulphides, formed in the intestine.

Da Costa makes the observation that boils accompany Colitis. This is certainly true. I have under my care at the present time, a well-marked case in point. I am trying the effect of hypodermic injections of the vaccine of Staphylococcus aureus."

Pneumonia, Cystitis, Bright's Disease

These three somewhat vague and inclusive conditions

have been noted by various writers, as connected with Colitis in some mysterious manner. Of course they are related to intestinal catarrh, because they are essentially troubles of the gouty. [See Bibliog., Bristowe] .

Neurasthenia and the Neuroses Generally

Dr. de Langenhagen says at p. 71 of his work on " Muco-membranous Entero-colitis". " Undoubtedly all Colitic cases are neurotics"; and again at p. 87, "The majority were neurotic."

This is a good deal to assert so dogmatically. But if the myxoneurotic pathology, which has been sketched out in the preceding pages, be well founded, then the doctor must be right. Yet he proceeds to assert that the nerve-condition does not induce the Colitis. And again he scores a point.

For although it is the gouty instability that leads up to the Colitis, yet the Colitis itself is a neurotoxis, having its origin in the perverted metabolism of digestion, etc., set up as the indirect result of a cutaneous reflex, rather than dating directly from the cerebro-spinal centres.

Gout an Autotoxis

I am greatly interested to observe that Dr. Besly Thorne has noted quite independently of me, the relation to Intestinal Toxis, shared by-Gout and Graves' disease. In a paper of extraordinary vigour and penetration, characterised by a broad and most catholic outlook, to which I have already referred and which will be found at p. 288 of the Lancet 31 January 1903, Wood Hutchinson definitely gives in his adhesion to the Autotoxic Origin of Gout, as arising from Intestinal Infection. Whether or not we embrace this view, as the entire explanation of the Arthritic Tendency, there can be no kind of doubt that many of the gouty signs are gastrointestinal in origin.

Relation of Gout to Goitre

Is it quite absurd that Colitis should lead to Gout in males

and to goitre in woman? Certainly not. This would be but one more example of a curious clinical rule, which I described in 1888, at the Odontological Society, in a paper on "Dental Reflexes and Trophic Changes," drawing attention to the very great influence exerted by the condition of the teeth, over the general health.

Teeth and General Health

I then showed that dental neglect not only had a negative effect in the absence of proper insalivation and mastication with predigestion of the starchy elements, but that a very active and positive influence was exerted,in the way of poisoning by pyorrheal products of septic gums.

With regard to the various toxic results, the position which I took up was that any given poison might be expected to reveal its action most distinctly on the Joints, and on the Nervous System. Afterwards I showed, in 1892, in a "Study of Sepsis and Saturnism," that Lead induces an Arthropathy in the Male and a Neuropsychosis, such as Saturnine Epilepsy or else Mania, in Women.

The special applications of this general clinical rule, were worked out in other contributions to various Medical Journals, of which a complete list will, be found at the end of this Section. No permanently successful Treatment of Gout can be carried out, if we ignore the:

Relation of Gout to Colitis

Of the existence of a distinct catena, which unites these diseases, Continental writers are well aware.

At p. 62 of his work on "Colitis," De Langenhagen says: "The Arthritic Diathesis is found at the Origin of every Mucomembranous Enteritis. It is the common basis giving rise alike to the Colitis and to the Lithiasis, the one being fostered by the other."

Their connection is enforced by Mathieu and by Germain See. With the utmost respect for these excellent Clinical Observers, I cannot avoid saying that they invert the order

of sequence, when they say that Colitis is caused by Gout.

This arrangement resembles that traditional doctor, who followed his patient to the grave, giving an example of how a result may precede its cause! It is a piece of ordinary clinical experience that Colitis is common in childhood, whilst Gout is a disease of mature life." - Edward Thomas Blake, MD in "The Intestinal Catarrhs, Being a Clinical Study of Colitis, Appendicitis and Their Allies: With a Special New Section on Sprue", 1905.

Neuroses

"Coma is a pathological element in certain of the neuroses which remain to be considered namely: Epilepsy, Hysteria, and Catalepsy.

It is an incidental event in various diseases exclusive of those of the nervous system, examples of which are: acute and chronic affections of the kidneys, acute yellow atrophy of the liver, pernicious intermittent fever, scarlet fever, smallpox, typhus and typhoid fever, diabetes mellitus, etc. It may be produced by such toxic agents as opium and other narcotics, alcohol, ethers, chloroform, etc.

The sudden loss of consciousness at the instant of the attack in epilepsy is attributed to cerebral anaemia caused by spasm of the arteries within the brain.

Of the other instances, the causation of the coma involves a toxical agency certainly in some, and probably in most if not in all cases. In fatal cases morbid conditions may be found after death which were not determinable during life; examples are: thrombosis of the basilar artery or of the longitudinal sinus, and meningeal haemorrhage." - Dr Austin Flint, MD in "A Treatise on the Principles and Practice of Medicine", 1894.

Chapter 34

Pellagra

The classic symptoms of pellagra are: Diarrhoea, Dermatitis, Dementia

"In the articles which have appeared in Good Housekeeping explaining the "League for Longer Life", and the methods of increasing the average length of human life, repeated stress has been placed upon the importance of diet. I believe every informed person will admit that while there are many features of special value in the problem, there is none that exceeds the good that will come from a wholesome diet. I have not made any effort to determine the number of diseases which are directly dependent upon diet, but I believe I would not be far out of the way if I should say every disease to which man is heir.

Diet works in more ways than one in preserving health, in eradicating disease, and in prolonging human life. The well nourished body is more resistant to disease and hence a proper diet will tend to preserve the individual from infection.

When sickness does overtake one, the importance of strengthening the vital spark is supreme. In most cases the whole course of digestion is disturbed, and foods which in a state of health are palatable and desirable become unpalatable and undesirable. **Therefore, the problem of the physician in procuring a proper diet during illness is of great significance.** When the problem of eradicating the disease is considered, again diet plays a leading role. After the disease is checked and the stage of convalescence sets in, any fault of diet is apt to cause a relapse and place the patient in a worse condition than he was before.

Therefore, before the incidence of the disease, during its progress, and after its eradication, the role of diet comes

near to being the leading part.

There are certain diseases which are so nearly related to diet as to be called diseases of dietary deficiency. While redness or roughness of the skin is one of the most important symptoms, it does not appear until dietary errors have opened the way. It is not my purpose to describe all the symptoms of this disease, much less its remedies, except in so far as the diet is concerned. The redness of the skin persists for some time, and then a period of desquamation follows. This does not mean that the disease is cured, but it means that that particular part of the skin has played its function and some other part will take its place; or the disease may reappear in its old seat when the new skin has formed.

The Real Source of the Disease is Doubt less in the Digestive System.

It may be attended, and usually is, with important digestive disturbances. In some cases, severe constipation at tends this condition; in others, more or less severe diarrhoea. The effect upon the sensations also is pronounced. Even mental aberrations may accompany the progress of the disease.

Pellagra is almost always attended with an increase of intestinal putrefaction.

This is probably caused by the more or less complete failure of stomach digestion, for intestinal putrefaction takes place in the particles of protein which escape digestion. The changes which take place in the blood are not very significant, but in some cases they stimulate mild anaemia. Credit must be given the Public Health Service of the United States for first calling official attention to the fact that a mixed diet of wholesome foods was extremely beneficial in the treatment of pellagra. When pellagrins were fed generously with milk, fresh meat, and fresh eggs, although they continued to eat the other portions of the diet to which

they were accustomed, improvement immediately took place in almost every case. In a few months, or a year, the external symptoms and most of the internal symptoms of the disease disappeared. Scientific determinations were made to show the truth of the theory that a mixed diet, such as has just been described, would not only cure pellagra, but prevent its inception. Experiments conducted in penal institutions in the South, among those who volunteered for the purpose, proved that when a mixed diet was used by the prisoners or those under detention, no pellagra occurred, while if the ordinary diet were continued, a large percent age of those eating it fell victims to the disease.

In a similar manner, at Spartanburg, South Carolina a certain number of persons suffering from pellagra were divided into two groups. One of them was nourished by the diet they had been accustomed to take before the advent of the disease. Another portion of the same group was fed the mixed diet, and in every case recovery took lace among those on the mixed diet, and a lack of improvement was noticed among those on the diet to which they had been accustomed. All were treated in the same way medically.

So impressive were these scientific determinations that the authorities of the Public Health Service undertook to introduce pellagra in those who had not succumbed to it, and volunteers were obtained in a penal institution for this purpose. A certain number of prisoners, with their own consent, were fed the diet which those who fell victims to pellagra usually consumed. In the course of several months distinct symptoms of the disease broke out among these prisoners. The experiment was not pushed to the extent of fully developing the disease, but only long enough to see that the disease was making inroads on the health of the men.

Unknown Factors

We have now reached the condition in which we can positively assert that a diet in which milk is deficient, and which contains no fresh meat or eggs, and in which cereals are largely of the decorticated and de-germinated character,

predisposes at least to the development of this disease.

In order to determine the original geographic factors important in pellagra it will be necessary to have feeding experiments in localities far removed from any place where pellagra has ever been known, and see if it is possible, on a restricted vegetable diet which seems to favour the incidence of the disease, to produce it entirely outside of the regional influences. It is fair to say that a very respectable Body of Medical Men, and even of Dieticians, are still unconvinced that pellagra is of Dietary Origin. The Officials of the Public Health Service are very conservative in their claims in this particular.

Dr. Voegtlin, who has published the latest researches on this question, says:

> *"The striking features of this diet appeared to be its lack in certain animal foods, such as milk, meat and eggs, the same foods which proved to be so beneficial in the treatment of the disease."*

The hypothesis that there is a causal relation between pellagra and a restricted vegetable diet has been substantiated by direct proof to this effect and has led to results of considerable practical and scientific value. A diet of the composition used by pellagrins prior to their attack by the disease leads to malnutrition and certain pathological changes in animals, resembling those found in pellagra.

A typical pellagrous dermatitis had not been observed in animals. **Pellagrous symptoms have been produced in man by the continued consumption of a restricted vegetable diet.** The nature of the dietary defect has not been discovered, although certain observations point to a combined deficiency in some of the well-recognized factors as the cause of the pellagrous syndrome." - Harvey Washington Wiley, American chemist best known for his leadership in the passage of the landmark Pure Food and Drug Act of 1906, first commissioner of the US FDA. in "Good housekeeping", Vol. 74, 1922.

Chapter 35

Causes that Produce Diseases

"Man is, physically and morally, the author of his own ills."
- Dr. Bigel

"The specific disease doctrine is the grand refuge of weak, uncultured, unstable minds, such as now rule in the Medical Profession. There are no specific diseases; there are specific disease conditions." – Florence Nightingale

"The person who is living a life of sensual indulgence-gratifying lust to the point of physical exhaustion, should consider himself in line for any disease that his environment favours, for it should be understood that disease is the sum of a multitude of elements." - Dr John Henry Tilden, MD in "The Etiology of Cholera Infantum, Typhoid Fever and Appendicitis", 1909.

"Most Men know when they are ill, but very few when they are well. And yet it is most certain, that this easier to preserve Health than to recover it, and to prevent Diseases than to cure them. Towards the first, the Means are mostly in our own Power.

Bath, have at last taught me some of the most effectual Means of preserving Health and prolonging Life in those who are tender and sickly, and labour under chronical Distempers. And I thought I could not spend my leisure Hours better than by putting together the most general

Rules for that Purpose, and setting them in the clearest and strongest Light I could, for the Benefit of those who may want them, and yet have not had such favourable Opportunities to learn them.

And that I might write with some Order and Connexion, I have chosen to make some Observations and Reflections on the Nonnaturals: as they are called, possibly because that in their preternatural State they are eminently injurious to human Constitutions; or more probably, because tho' they be necessary to the Subsistence of Man, yet in respect of him, they may be considered as external, or different from the internal Causes that produce Diseases, to wit;

1. The Air we breathe in.
2. Our Meat and Drink.
3. Our Sleep and Watching.
4. Our Exercise and Rest.
5. Our Evacuations and their Obstructions.
6. The Passions of our Minds: And lastly, to add some Observations that come not so naturally under any of these Heads.

To have our Food, that is, our Meat and Drink, as to Quantity, and Quality duly regulated, and precisely adjusted to our concoctive Powers, would be of the utmost Consequence to Health and Long Life. Our Bodies require only a determinate Quantity thereof, to supply the Expences of living: and a just Proportion of that to these would very probably preserve us from acute, most certainly from chronical Distempers, and enable us to live, without much Sickness and Pain, so long as our Constitutions were originally made to last.

The Sources of chronical Distempers are first Viscidity in the Juices, or the Over largeness of their constituent Particles, which not being sufficiently broken by the concoctive Powers, stop or retard the Circulation; or, secondly, too great abundance of sharp and acrimonious Salts, whereby the Juices themselves are rendered so corrosive, as to burst or wear out the Solids; or, thirdly, a

Relaxation, or Want of a due Force and Springiness, in the Solids themselves.

The Source of all Acute Diseases as it is a Consequence of all Chronical ones

The Source of Chronical Diseases must necessarily begin at the Stomach and Guts. This certain, however, that the free and full flowing of this Evacuation, is as necessary to Health as any of the grosser, since in Quantity it is at least equal to both the forementioned; and an Obstruction thereof, is generally the Source of all acute Diseases, as it is a Consequence of all Chronical ones.

How to supply the Place of Medicines by Diet

He that would have a clear Head must have a clean Stomach. The Neglect of which is the Cause, why we see so many hypochondriacal, melancholy, and vapourish Gentlemen, among those of the long Robe; the only Remedy of which is Labour and Abstinence. Most of all the chronical Diseases, the Infirmities of old Age, and the short Periods of the Lives of Englishmen, are owing to Repletion. This is evident from hence; because Evacuation of one Kind or another is 9 Parts of 10 in their Remedy. " - George Cheyne, MD, FRS, in "An essay on Health and Long Life", 1724.

George Cheyne, MD, RC Ed, RSS (1671–1743): Was a pioneering physician. Born in Aberdeenshire, Scotland, he opened a medical practice in Bath, England in 1702. Best known for his contribution to early nutrition in health practice.

The Pathological State of the Intestines of Many Sick People

"Unless corrections in bowel cleanliness, lifestyle, and diet are made, any attempts, surgical or otherwise, to cure

the condition will be only temporary. Dysfunction will, in time, manifest itself again.

All Maladies are Due to the Lack of Certain Food Principles

Dr. William Arbuthnot Lane said: "All maladies are due to the lack of certain food principles, such as mineral salts or vitamins, or to the absence of the normal defences of the body, such as the natural protective flora. When this occurs, toxic bacteria invade the lower alimentary canal, and the poisons thus generated pollute the bloodstream and gradually deteriorate and destroy every tissue, gland and organ of the body." - Dr Bernard Jensen, DC, in "Guide to better bowel care", 1999.

Dr Kellogg on Chronic Disease

"Sir William Arbuthnot Lane, the eminent London surgeon, cites a long list of grave maladies, ranging from tuberculosis to rheumatism, cured by removal of this offending organ. That this organ, or rather the morbid conditions that develop in it, plays a dominant role in the causation of a long list of the gravest and most common disorders, can no longer be denied. In the treatment of every chronic disease, and most acute maladies, the colon must be reckoned with.

Chronic Rheumatism and Rheumatic Gout (Osteo-Arthritis)

Both these diseases are closely associated with constipation and alimentary toxemia. Herter showed that certain putrefactive organisms are always present in great numbers in the stools of persons suffering from rheumatic gout.

The Skin

Among the skin symptoms noted by various experts may be mentioned the following:

Formation of wrinkles; thin, inelastic, starchy skin; pigmentation of the skin - yellow, brown, slate-black, blue; muddy complexion; offensive secretion from skin flexures; thickening of the skin of the back of the upper arm; irritability of the skin; sweating of the palms of the hands and the soles of the feet; eruptions of the skin - sores and boils; pemphigus; pruritis; herpes; eczema; dermatitis; lupus erythematosus; acne rosacea; cold, clammy extremities; dark circles under the eyes; seborrhea; psoriasis; pityriasis; alopecia; lichen; planus; jaundice.

"An infinitesimal amount of poison may suffice to cause skin eruption."

Eczema

Eczema, one of the most common and most distressing of skin maladies, has long been known by skin specialists to be caused by constipation.

Psoriasis

This form of skin disease, usually more obstinate though less distressing than eczema, is generally incurable without the adoption of a fleshless diet and restoration of the normal function of the colon. In many cases nothing else is needed to effect a permanent cure.

Vertigo

This unpleasant symptom is a very common result of constipation. Vertigo is a common symptom in cases of arteriosclerosis caused by constipation, and sometimes results from irritation produced by the presence of faeces in the rectum. In certain nervous persons, vertigo, faintness or

exhaustion are sometimes experienced when the bowels are evacuated by a saline laxative or by an enema.

Disorders of the Urinary and Generative Organs

Urinary troubles in both men and women, as well as in children, are often traceable to constipation. Very foul-smelling urine often owes its unnatural odour to the presence of putrefaction poisons absorbed from the intestine.

Foul Tongue and Bad Breath

These common conditions are more often due to constipation than to neglect of the mouth.

Premature Senility

The senile appearance of many persons who have long suffered from chronic constipation.

Disease of the Kidneys

The poisoning resulting in chronic constipation is frequently indicated by the appearance of albumen and casts in the urine. A long continuance of this poisoning gives rise to changes in the kidney, which are commonly known as Bright's disease.

Intestinal Toxemia a Cause of Senility

Herter observed that "the onset of senility may be distinctly accelerated through the development of intestinal infections in which the putrefactive anaerobes are prominently represented." - Dr John Harvey Kellogg, MD in "Colon Hygiene", 1927.

The Physical Causes of Senility

"It was probably the obvious fact that some men are

physically older than others who have lived as many years, that directed the attention of men to the study of the physical causes of senility.

The morbid process in the arteries commences with irritation by some abnormal substances in the blood.

The first general cause we find in that decline in the sensibility and motor power of the colon incident to advancing age is lessened activity. Faecal matter collects in the large bowel and is retained beyond the normal period, and decomposition goes on unchecked; toxins are developed which are absorbed into the blood, where they irritate the walls of the vessels through which they circulate.

Here we have an adequate general cause, one whose presence and capability of inducing the first lesions are not questioned." - Waugh in "Arteriaselerosis", Medical Record, 23 September 1911.

Dr Bieler on Cause and Cure of Disease

"As a practising physician for over 50 years, I have reached 3 basic conclusions as to the Cause and Cure of Disease.

1. The Primary Cause of Disease is not germs.

Rather that disease is caused by a Toxemia which results, in cellular impairment and breakdown, thus paying the way for the multiplication and onslaught of germs.

2. In almost all cases the use of Drugs in treating patients is Harmful. Drugs often cause serious side effects, and sometimes even create new Diseases. The dubious benefits they afford the patient are at best temporary. Yet the number of drugs on the market increases geometrically every year as each chemical firm develops its own variation of the compounds.

3. Disease can be ured through the proper use of correct

Foods. This statement may sound deceptively simple, but I have arrived at it only after intensive study of a highly complex subject: colloid and endocrine chemistry.

I have sought to prescribe to my patients illnesses antidotes which Nature has placed at their disposal." - Dr Henry G. Bieler, MD in "Food is your best medicine".

Causes of Diseases of Chest

"In reasoning for probable causes of diseases of chest, we are met with the fact that the heart and lungs are housed up, and out of reach of the hand and eye. We hear a cough, see blood and other substances after they pass out of the lungs; we learn of general and local pain and misery, feel heat and cold on skin, note abnormal breathing, but here we are at a stop, for want of facts.

We know something is wrong, but cannot say what, until after death has done the work, then we open the chest and find tubercles, cancers, ulcers and abscesses. How came they there? is the unanswered question.

The servant of that breast who failed to keep his room clean, is the one to find and punish." - Dr. A. T. Still, MD, DO in "Philosophy of Osteopathy".

Processed Food & Disease

"Problems such as obesity, diabetes, hiatal hernia, appendicitis, diverticulosis, colitis, polyps, and cancer of the colon are virtually unheard of among the rural eastern Africans. Conspicuously absent from the rural diet are the white flour, white sugar, and other refined carbohydrates. Diet, especially one in which there is an increase in dietary fiber and a reduction in processed, fiber-depleted carbohydrates, is the key to "preventing much disease and needless surgery.

"The overconsumption of refined, fiber-depleted carbohydrates is responsible for arteriosclerosis and diabetes, the absence of sufficient fiber in the diet promotes

colon diseases. Excessive consumption of refined carbohydrates favours the growth of putrefactive bacteria in the bowel, alters bowel chemistry, and invites ulcerative colitis polyps, and colon cancer." - Denis P. Burkitt, MD in "Diverticular Disease of the Colon", British Medical Journal, 1971

The Problems with the Medical Theory on Disease

"The number of cases of right-sided cardiac preponderance is increasing, and it would seem as if it must play an ever-increasing role in raising the incidence of cardiac disease in the future. The type of case referred to is affecting children and the author cannot help feeling that these are going to swell in another generation the numbers of cases of pulmonary oedema, thrombosis, and so-called "embolism."

The same condition of affairs occurring in the systemic circulation causes left-sided cardiac preponderance and so-called "Status lymphaticus."

The activity of the Bacillus faecalis alkaligenes and of the Bacillus Friedlander appears to select the lesser circulation, while that of the bacilli of epidemic jaundice, the three main causes of so-called "influenza", the greater circulation.

Prevention and Treatment

Prevention rests in checking the incidence of inherited disease and in reducing to a minimum the ravages caused by chronic intestinal intoxication. **What man wants today is Suitable Exercise, Wholesome Food and adequate Elimination of its Waste Products.**

It is useless putting good food into a dirty intestine, therefore in most cases Colonic Lavage is indicated.

Wholesome food means home-grown and unmodified products; imported food-stuffs are second-rate, and artificially prepared articles are useless. Animals under domestication need as little interference by man as possible,

and their food should be more natural and less artificial than is the case at present. Animals in captivity require much greater freedom and more wholesome food than they generally receive." - Prof. Dr. James Eustace Radclyffe McDonagh, MD, FRCS in "The Nature of Disease Journal", Vol. I, 1932.

The True Cause of Disease

"Having destroyed our trust in drugs, what have you to offer in their stead?"

To which perfectly natural query, I gladly reply, I have a system of treatment to propound, a system that has triumphantly stood the test of years, a system that must commend itself to every intelligent reader, because it is strictly in accordance with natural law. But before I proceed to explain it, I desire to announce my own theory respecting disease—a theory essentially radical in its character, and of which I am the originator, and that is:

There Is Only One Cause For Disease

This may sound strange, for the majority of people imagine that there is a different and specific cause for every ailment, and physicians generally do not combat the opinion.

But as a matter of fact, there is only one disease, although its manifestations are various, and there is only one cause for it, and that is the retention of waste matters in the system.

These substances may be in the gaseous, liquid or solid form, but they are foreign bodies, inimical to the welfare of the organism, and their presence must result in derangement of bodily function. The great need of the present day is adequate instruction in physiology and hygiene, that humanity may not only know how to secure the restoration of health, when lost, but by attention to physiological and sanitary laws may retain good health indefinitely.

The body is the theatre of constant change.

The processes of tearing down and building up proceed without intermission during life. If construction exceeds destruction, the result is health; but just as surely as destruction exceeds repair, disease is the result. But during every moment of life waste is being formed by the destruction of tissue, and this effete material must be promptly removed if the individual would enjoy health. Nature has provided adequate means for the removal of these substances which are valueless to the economy, the retention of which obstructs and irritates the complex mechanism of the system, the principal avenues for its expulsion being the lungs, the skin and the intestinal canal. The latter is infinitely more important than the others, since by it the waste products of digestion are expelled.

If it fails to promptly fulfil its office, every vital function is interfered with; and in addition the fluid portion of the semi-liquid waste is re-absorbed directly into the circulation, redepositing in the very fountain of life, matter which the system has thrown off as worthless. Should the system be exposed to a chill, while in this condition, a congestion of the surface excretory vessels takes place; and practically the whole work of elimination is thrown upon the already hard-worked kidneys, frequently resulting in uraemic poisoning and death. The presence of a grain of sand in a watch will retard its movements, if not arrest them altogether.

What, then, must be the result of an accumulation of impurities in the physical system? The finely adjusted balance that is capable of weighing the thousandth part of a grain, is carefully protected under a glass cover, for even impalpable dust would clog its movements. Reflect, then, upon the amount of friction that must be perpetually going on in the human organism owing to the retention of effete matter!

And since not even the most cunning product of man's handiwork can compare with the intricate mechanism of the body, the importance of eliminating the waste becomes manifest.

Here, in a nutshell, lies the Secret of Disease

Let us now consider how the retention of waste affects the system: how the deleterious effects are produced. There are three factors at work in this process, mechanical, gaseous and absorptive, the last named being infinitely the most pernicious. We will first consider the mechanical. Nature has beautifully apportioned the space in the abdominal cavity, each part of the viscera having ample room for the performance of its special function, but any abnormal increase in size of any part of the contents of the cavity must necessarily create disturbance.

Now, when the food leaves the stomach, where it has been churned into a pulpaceous mass, it passes into the duodenum, or second stomach, where it receives an augmentation of liquid material from the liver and pancreas; consequently, when it reaches the small intestine, where absorption takes place, it is in a well diluted condition.

During its passage through the small intestine, the nutrient portion of the ingesta is abstracted from it by the villi (small hair-like processes) with which the small intestine is thickly studded, so that at the end of its journey of about 22 feet (if digestion is normal), all that is of value to the organism has been appropriated - the remainder being refuse. This waste product passes into the colon, or large intestine, and should be promptly expelled.

If prompt expulsion does not take place, this is what happens:

The fluid portion of this semi-liquid waste is re-absorbed through the walls of the colon directly into the circulation, a percentage of the solids being deposited on the walls of the intestine.

This process of accretion goes on from day to day, week to week, month to month, until it not infrequently happens that the colon becomes distended to several times its natural size.

Instances are on record, where these abnormal accumulations of faecal matter in the colon have been mistaken for enlargement of the liver, and even pregnancy.

A surgeon in London has a preparation of the colon measuring some twenty inches in circumference, containing three gallons of faecal matter, and even larger accumulations have been reported. The foregoing instances are, of course, exceptional ones, but it is safe to assert that 70% of the colons of the human family (living under civilized conditions) are impacted, and some of them terribly so.

It is impossible to estimate the amount of evil caused by an engorged colon monopolizing two or three times its allotted space in the abdominal cavity, crowding and hampering the other organs in their work. But the effects of direct mechanical pressure are not the only ones.

The accumulations in the colon necessarily arrest the free passage of the product of the small intestine, and that, in turn, causes undue retention of food in the stomach, with consequent fermentation; while the irritation, due to pressure on the nerve terminals by the distension, and by the encrusted matter adhering to the intestinal wall, is simply incalculable.

The effects of gaseous accumulations in the alimentary canal are not thoroughly understood at present, that is, the pathological effects. The more direct effects, as manifested in abdominal distension, and the terrible distress that frequently follows eating, are unfortunately, but too well known. The reader does not need to be told that during the decomposition of organic substances, gases are evolved, and no matter where the process goes on, the results are always the same.

Owing to the causes previously mentioned, the intestinal canal usually offers special facilities for the production of gases, owing to the retention of partially digested food, in a medium highly favourable to fermentation.

A moderate amount of sulphuretted hydrogen, and also carburetted hydrogen is always present in the colon, normally, to preserve moderate distention of the walls, while the gases usually found in the stomach and small intestine, are oxygen, hydrogen, nitrogen and carbonic acid. What functional disturbances may arise from the presence of these gaseous substances in excess in the system is, at present,

largely a matter of conjecture, but it is known that a stream of carbonic acid gas, or hydrogen continuously directed against a muscle will cause paralysis of that structure.

The expansive force of gases is too well known to need comment, and the force with which they will at times distend the abdominal wall points irresistibly to the conclusion that such an amount of force exerted against vital organs cannot be otherwise than productive of serious harm.

It is not at all improbable that many cases of hernia and uterine displacement may be due to this hitherto unsuspected cause.

That they penetrate the neighbouring tissues is an established fact, and it is quite conceivable that their action upon the nervous system though the medium of the circulation may lie at the root of many of the cases of neurasthenia that are now so prevalent. But the auto-infection that results from the absorption of the liquid waste into the blood supply is by far the most serious feature.

The blood is the life. From it the system obtains all the material for the formation of fresh tissue, and it is a practical impossibility for good, healthy structures to be built up from a tainted blood current. Why is it that the vegetation on the banks of a stream, on which a manufacturing town is located, is invariably stunted and withered? Because the water that should nourish it is polluted by the refuse poured into it, and no amount of deodorants or disinfectants will prove of any avail to restore the devitalized vegetation, but will rather aggravate the trouble. But cut off the source of pollution, and in an incredibly short space of time the vegetation will take on a new lease of life.

This liquid refuse in the colon is composed of substances for which the system has no further use—it has rejected them; consequently they are foreign bodies, and as such, are the equivalent of poisons. The colon, in this condition, is a perfect hot-bed for the breeding of all kinds of poisonous germs, and the action of cathartics aggravates the condition by filling the pouched portions of the colon with a foul liquid which facilitates the absorption of the ptomaines and leucomaines through the mucous coat of the intestine.

It is known now, that as much as three-fourths of this foul putrid substance may be absorbed, carrying into the system poisonous germs and excrementitious matter.

Dr. Murchison states:

"that a circulation is constantly taking place between the fluid contents of the bowel and the blood, the existence of which, till within the last few years, was quite unknown, and which even now is too little heeded."

And Dr. Parker says, "It is now known, that in varying degrees there is a constant transit of fluid from the blood into the alimentary canal, and as rapid absorption."

It is also stated on reliable authority, "that every portion of the blood may, and possibly does, pass several times into the alimentary canal in 24 hours." Prof. I. I. Metchnikoff recently stated in a lecture at Paris: "Particularly injurious are the microbes of the large intestines. Thence, they penetrate into the blood and impair it alike by their presence and the products they yield—ptomaines, alkaloids, etc. The auto intoxication of the organism and poisoning through microbes is an established fact."

Having shown that the average colon is a fertile breeding ground for all kinds of poisonous germs, and that they are conveyed into the circulation by the interchange of fluids in that organ, it may be interesting to explain how these germs are conveyed to, and deposited in the various organs of the body.

We have in our bodies a system of canals called arteries and veins, having their head at the heart, which is the main pump that keeps the blood in motion.

The arterial circulation consists of those channels which convey the blood—supposed pure blood—away from the heart to the different parts of the body, loaded with the life-giving principle of sustenance, invigoration and heat, while the veins or venous circulation conveys to the heart and lungs the impure blood, loaded many times with disease-breeding germs.

Now, in the blood, as it courses through our bodies, are myriads of little vessels called corpuscles; these are what give the blood a red colour. There are also a smaller number of white corpuscles, that are known as phagocytes, whose mission is to destroy micro-organisms that are prejudicial to life. In order that you may know their use, I, for convenience sake and to make my meaning better understood, will call them little war vessels, loaded with soldiers, and the soldiers have in their vessels a furnace whose fire never goes out.

These vessels and their little warriors are continually sailing through our bodies, hunting for germs of disease, that they catch and throw into their furnace and burn them up.

Now, suppose we take a violent cold, thus closing the pores of the skin, and that at the same time the colon is engorged, two of the most important outlets for the filth and decayed matter of our bodies are closed up—for the life of our bodies is one continual process of building anew and tearing down; these two most important sewers are now closed.

These little vessels now have their hands full, catching disease-bearing germs that nature cannot throw out through the colon or pores of the skin—both being closed—and we call this condition of things fever. The white corpuscle has but two dumping places now, the lungs or kidneys. Suppose that in the colon is the tubercular ulcer, breeding the bacillus of consumption, and they are absorbed into the circulation.

Ordinarily the white corpuscles would be able to destroy them, but now they are so overworked that the tubercular germ lands in the lung tissue alive and well, ready to commence his work of destruction and death.

The person developes a hacking cough, and finally goes to the doctor, and he, if he knows his business, probably finds tuberculosis well established. Typhoid fever has its nursery solely in the colon, and gets possession of the citadel of life in the same way as any other germ or contagious disease. What a terrible battle there must be going on in us between our life-preservers and the germs of disease.

Is it any wonder that people die of premature old age, of

apoplexy, paralysis, dropsy, consumption, and the thousand and one maladies that scourge humanity?

And is it not unreasonable to pour a few grains of diluted drugs into the stomach to purify the blood—even granting for the sake of argument that such a purpose could be accomplished by that means—when occupying nearly one-half of the abdominal cavity is an engorged intestine reeking with filth so foul that carrion is as the odour of roses compared to it, and which is being steadily absorbed into the circulation?

If a man were to act as foolishly as that in his business, his friends would quickly petition the courts to appoint a guardian for him. It may be asked, why has not this discovery been made before?

In the first place, the colon has had but scant attention paid to it in the dissecting room, until of late years the appendicitis craze has awakened some interest in it. Its importance was not realized-the circulatory and nervous systems receiving the lion's share of attention. In the second place, in holding post-mortems the organ was avoided, cut off, if in the way, and thrown into the slop bucket. It was known to be always full, but no one ever asked whether or not it was natural in its fullness of faecal matter, and as a result, probably the profession knows the least about this important organ, of any in the human body.

Strange, is it not, that among the seven thousand physicians ground out and polished in the mills of wisdom each year, that there was not one who had originality enough to ask the question, Is it natural that this scent bag of filth should always be so full of putrid matter that we cannot abide one moment with it?

And, inasmuch as it is so, is it not a great detriment at least to our health to carry this mass of filth around with us, from day to day, from week to week, and from year to year-absorbing its poison back into the circulation? Strange that these questions did not present themselves to some one of the enterprising youths of our original young America. The muscular fibres of the intestines are circular and longitudinal. In the large intestine the longitudinal fibres are

shorter than the tube itself, which length permits the formation of loculi (cavities). These become the seat of fæcal accumulations, only too often unnoticed by the physician.

It is undoubtedly a fact that the loculi of the colon contain small fæcal accumulations extending over weeks, months, or even years. Their presence produces symptoms varying all the way from a little catarrhal irritation up to the most diverse, and in some instances serious, reflex disturbances. When the loculi only are filled, the main channel of the colon is undisturbed. The most common parts of the colon to become enlarged are the sigmoid flexure and the cæcum, but accumulations may occur in any part of the colon.

The ascending colon is much more often filled in life than the books would lead us to believe; indeed, it may be said that chronic accumulations are oftener to be found in the ascending than in the descending colon, which is also contrary to the assertions of the authors.

This is due partly to the fact that the contents of the colon have to rise in opposition to gravity, and partly to the semi-paralyzed condition of the muscular coat of the colon through inactivity.

When the accumulations are large, the increased weight of the colon tends to displace it; and if in the transverse colon, that portion may be depressed, even into the pelvis. The mass may be so enormous as to press upon any organ located in the abdomen, interfering with its functions; thus we may have pressure on the liver that arrests the flow of bile; or, upon the urinary organs, crippling their functions. Of course, such excessive accumulations occur only exceptionally, and it is not to these that attention is particularly drawn, because when they are so excessive, any physician can detect them by palpation (touch).

It is to the minor accumulations particularly, that I wish to draw attention—the accumulations that we see in the majority of patients who visit our offices. Such patients assure us that the bowels move daily, but the colour of their complexions, and the condition of their tongues, are enough to assure us that they are the victims of costiveness. Daily movements of the bowels are no sign that the colon is not

impacted; in fact, the worst cases of costiveness that we ever see are those in which daily movements of the bowels occur. The diagnosis of fæcal accumulations is facilitated by inquiring as to the colour of the daily discharges. A black or a very dark green colour almost always indicates that the fæces are ancient.

Prompt discharge of food refuse is indicated by more or less yellow color. It would be interesting to inquire why fresh fæces are yellow and ancient fæces are dark. Such patients have digestive fermentations to torment them, resulting in flatulent distension which encroaches on the cavity of the chest, which in excessive cases may cause short and rapid breathing, irregular heart action, disturbed circulation in the brain, with vertigo and headache.

An over-distended cæcum, or sigmoid flexure, from pressure, may produce dropsy, numbness or cramps in the right or left lower extremity. The reports of the post-mortem examination of the colons of hundreds of subjects reveals a series of horrors more weird and ghastly than were ever penned by Eugene Sue, or Emile Zola. The mind shrinks in dismay at the appalling revelations, and shudders at the possibility of the "human form divine" becoming such a peripatetic channel house.

Is it any wonder that the average human system, being thus saturated with impurities, should succumb to the first exciting cause? Is it not, in fact, a greater marvel that the rate of mortality is not even higher than at present?

My object in publishing this book is to point out the true cause of disease, together with the means for its prevention and cure, and that, too, by a simple and inexpensive method of hygienic treatment, which has proved eminently successful in tens of thousands of cases, which is perfectly harmless and natural in its action, and absolutely free from even the suspicion of a drug." - Dr Charles Alfred Tyrrell, MD, in "The Royal Road to Health, or, The Secret of Health Without Medicine", 1894.

Microzyma

"These microorganisms (germs) feed upon the poisonous material which they find in the sick organism and prepare it for excretion. These tiny organisms are derived from still tinier organisms called microzyma. These microzyma are present in the tissues and blood of all living organisms where they remain normally quiescent and harmless.

When the welfare of the human body is threatened by the presence of potentially harmful material, a transmutation takes place.

The microzyma changes into a bacterium or virus which immediately goes to work to rid the body of this harmful material. When the bacteria or viruses have completed their task of consuming the harmful material they automatically revert to the microzyma stage" - Dr. Prof. Pierre Jacques Antoine Béchamp, MD quoted in "Vaccination The "Hidden" Facts", 1993, by Ian Sinclair p62.

Autointoxication The Cause Of Most Of All Disease

"What is autointoxication?

It is a condition in which the body is poisoned through and through by its own excretions. These waste products should be eliminated promptly; when they are not, they cause autointoxication. Some of these wastes are of bacterial origin, but most of them are debris that results from the slow combustion always taking place in the body.

This process is essential to life and produces heat and water and toxic waste. Sluggish elimination from the four great eliminating organs (not from the bowels alone) results in the toxic state or autointoxication. Although this is unnecessary, it occurs in the majority of human beings. It is this evil, unclean condition within that is the basic cause of all physical diseases, except those due to violence.

Unfortunately, very little- happens when autointoxication starts, for there are no bad symptoms at first, but later the results are frequently serious. Some signs and symptoms that should serve as a warning will be given:

A coated or furred tongue, usually worse in the morning, generally indicates a toxic condition; bad breath, frequent colds and skin eruptions may accompany the coated tongue; the logical action is to clean the house.

Internal Cleanliness is Health

Fugitive pains indicate autointoxication. Cleanse the body and the pains disappear. But if the bad old habits continue there may be Rheumatism, Arthritis, Neuritis and numerous other ailments due to an accumulation of toxic waste. The so-called growing pains are rheumatic, due to autointoxication. The toxic state often causes muddy and coarse skin; the eye balls lose their sparkle; another symptom is nervousness and with it comes irritability. Those who are toxic arise in the morning unrefreshed. They need coffee or something stronger as a bracer. Normal human beings arise feeling keen and bright; they need no stimulation to make body and mind work. Undue weariness is an outstanding symptom of autointoxication. If the early signs are heeded, no great harm is done; but if the warnings cause no change in living, acute disease may ensue.

Disease is the protest of the body against abuse. It is an effort to throw of accumulated waste. The body becomes feverish because it has to burn all of this trash. If a person learns his lesson, he has no more acute attacks, but if he persists in wrong doing there may be repeated attacks, finally ending in chronic disease, if the system can stand up long enough.

The chronic condition may be one of the diseases of chronic degeneration: arteriosclerosis, heart disease, or various diseases of the liver and kidneys, also arthritis.

These chronic diseases can be prevented by giving the body the right care, but human beings are reckless; most of them can be conquered after establishing themselves, if they

are taken early. It is natural to be well. All who are sickly but have not permitted structural degeneration to take place can recover." - Dr Rasmus Alsaker, MD in "Health Culture Magazine".

One True Cause and Not Many Different Diseases

"A patient alarmed by haemorrhage, gastric, pulmonary or nasal by sudden transient blindness, or by sudden general anasarca, may be soothed by a truthful assurance that there is no danger; the physician made unnecessarily anxious by the discovery of albumin or blood in a patient's urine may be relieved by the recognition of its origin; the substitutive symptoms occurring in the course of years in a given patient will be attributed to the one true cause, and not treated as so many different diseases.

Though the spokes of the wheel are many, and at the periphery widely separated, there is but one hub, and that hub has but one centre; and to this, not merely to spoke or to rim (to the central disorder and not merely to the peripheral symptoms) must the therapeutist direct his attention. The symptoms may vary much in the same individual at different times; they may be manifested in the course of various acute and chronic diseases, confusing the diagnosis.

With the clue afforded by the knowledge of Vasomotor Ataxia (Vasomotor Inco-ordination), however, the symptoms become clear, and intelligent treatment can be instituted.

Hysteria, neurasthenia, and epilepsy bear close, but as yet undetermined relations to the condition, which may be predominant or apparently insignificant in their semeiology.

The symptoms of the menopause are essentially vasomotor ataxic in character, but are a transient phase in the devolution of the female." - By Solomon Solis Cohen, MD, in "A Further Contribution to the Subject of Vasomotor Ataxia", Transactions of the Association of American Physicians, 1902.

Glossary

Ataxia: "Disorder, irregularity. Hippocrates employs the word in its most extensive acceptation." - Prof. Dr.Terence R. Anthoney, MD in "Neuroanatomy and the Neurologic Exam" Edition 1993

Congenital: a health condition or physical abnormality present from birth.

Vasomotor: refers to vasodilator and vasoconstrictor actions upon both the blood and lymph vessel which then alter size of their diameters, thus regulating the flow in the blood and lymph vessels. The movement of the body and relaxation of contraction of the muscular system creates a pressure, or relaxation upon the blood and lymph vessels, thus regulating the free passage or contraction to the amount of fluid that each carry at different times.

Dr Ulric Gaster Williams, MD of New Zealand

Dr Ulric Gaster Williams, MD stated that if the cause of the disease was removed, he argued, the symptoms would disappear: "The best way to get rid of maggots and poisonous odours is to remove garbage and prevent its collection – not dissipate energy in futile attempts to deal with the flies." This meant purging the system of its toxic load.

There are 3 Absolute Indispensables of good health:

1 . A confident, quiet, contented, charitable, health conscious, mental outlook and habit of thought.

2. Reasonable moderation and wise choice of foods:

avoid, like the plagues they produce, refined or faked foods.

3. Healthy general habits, with regard to sufficiently active outdoor exercise, rest, water within and without, breathing, clothing, and posture.

There are numerous others, of course; but observe all these, and we shan't go far wrong.

To the degree of our falling short, does disease result:

Negative Emotions,
Impulses,
Impressions,
Suggestions,
Thoughts, or Beliefs, either Conscious or Unconscious,
Gluttony and Food Foolishness,
Sloth.

These are the great fundamental reasons for disease, to which must be added Orthodox Efforts at Cure.

The physical roots of disease are:

1. Toxic Accumulation
2. Vitamin and Mineral deficiency Mineral

Whatever symptoms may be - please note that carefully, Whatever They may be - the Cause will almost invariably be found In The Mind Or The Manner of Life. Men are sick in their bodies because they are sick in their souls; and they are sick in their souls because they do not comprehend the relationship between themselves, as individualisations of it, and the One great Universal Motivating Life Force and Intelligence. Experience has shown again and again that, if the Causes are understood and put right, the symptoms or effects exhibit a commonly astonishing tendency to disappear of themselves - by reversal of the process that brought them about.

In case after case, no physical help is required.

When it is - make sure the expedients do help ... not get in the way!

The life power the "Physician Within", will put things to rights, in body, mind, soul or estate, in the individual or in the mass, when men stop putting them wrong. - By Dr Ulric Williams, M.B., Ch.B. in “Hospitals and Hooey or Health?” 1941.

Encumbered, Painful Menstruation

“Young, unmarried women, and married women who have not given birth to children, suffer much more from painful menstruation than those who have borne children. The cause is not understood. Young women who are victims of painful menstruation have Autotoxemia.” - Dr John Tilden, MD

Chapter 36

What is Disease

Delivered at the Royal College of Physicians, London
By John S. Bristowe, MD, FRCP, Physician and
Lecturer on Pathology at St. Thomas's Hospital.

"I endeavoured to explain what I understand by the word ''disease," and, by reference to various complex diseases, to show in what sense, as applied to them, it might be regarded as including within its scope the various phenomena which flow, immediately or mediately, from the primary cause, and in what sense again it is applicable to each or certain of these various phenomena.

I ventured, also, to make some kind of arrangement of diseases in groups; and, guided by this arrangement, to discuss the processes by which diseases affect the body injuriously, and those by which their cure or alleviation is accomplished.

What is disease?

My earliest pathological teacher, now my friend and colleague, John Simon, in his well-known Lectures on General Pathology, published more than twenty years ago, discusses at some length, and with his characteristic graphic power, the meaning of the word "disease."

The biography of every disease comprises some specific cause, and certain resultant phenomena (vital, chemical or mechanical), which are, or which produce, the symptoms and signs by which we recognise its presence. We seem thus to be approaching towards a definition of disease, or at all events to have got the main facts on which such a definition must be framed.

There are many diseases, involving the nervous system

especially, of the intimate pathology of which we are as yet almost wholly ignorant, and which, because we fail to detect in connection with them any structural morbid change and know them only by certain characteristic functional disturbances, we call functional disease. Such are mania, epilepsy, chorea, asthma, and the like.

Now it is true that in some of these cases we recognise fairly well the immediate cause of a paroxysm of the disease, in epilepsy and asthma to wit; but the primary cause, the cause on which all the phenomena of each of these diseases hangs, is every bit as much beyond our ken as the primary cause of carcinoma.

Yet it certainly does exist, and is admitted on all hands to exist. The relation between cause and effect, and the necessity of not overlooking the cause in an essential part of the disease, is no where more obvious than when we have to do with affections in which the cause is tangible or admits of being weighed, measured, or otherwise tested and examined, as for example, where mechanical impediment occurs in the course of the bowel, urethra, ducts of glands, and other tubular organs; or when poisons have been received into the system and act chemically upon the stomach or on distant organs in which they are deposited or through which they circulate; or where, owing to affections of secretory organs, bile, urea, or carbolic acid are retained within the system; or where, finally, certain pathological results follow from excess, deficiency, or unwholesomeness of diet.

Now, if the types of disease which I have just passed in review include all disease, and if the examples by which I have illustrated them are just examples of each type, we may fairly accept the statement with which I started, namely, "that the biography of every disease comprises some specific cause, and certain resultant phenomena, vital chemical or mechanical, which are, or which produce, the symptoms or signs by which we recognise its presence," and we may venture to define disease as "a complex of some deleterious agency acting upon the body, and of the phenomena (actual or potential) due to the operation of that agency."

Congenital malformations and structural changes are for the most part looked upon as disease. Malformations in fact, equally with other morbid conditions which have been discussed, are clearly factors only of disease. They become diseases when, on the one hand, they are regarded as the results of certain abnormal causes, which (like inflammation or violence) have operated directly during foetal life, or have been derived, with life itself, from the parental elements ; or when, on the other hand, they are looked upon as the starting-points or causes of other morbid processes.

A man has an abscess in his lung, an hydatid in his liver, a tubercular mass in one of his lymphatic glands; but presently the abscess dries up, the hydatid dies, the scrofulous gland concretes into an earthy lump, and in each case a circumscribed inert mass occupies at length what was once the site of an active morbid process. Again, a patient has a calculus obstructing one of his ureters, a plug in one of the arteries of a limb, or inflammation of a testicle; and, after a while, the kidney undergoes complete atrophy, its fellow then performing duty for both; the artery becomes obliterated, and the enlargement of collateral arteries make up for its loss; the testicle, like the kidney, dwindles away until it becomes a mere unorganised lump.

How are we to regard the final state of all these morbid processes?

They have been diseases, or rather perhaps factors of disease; are they so still?

They are remnants of disease; are they anything beyond that?

It seems to me clear that these and like degenerated or inert matters, whether they form mere deposits in organs or comprise entire organs, can in no sense be regarded as disease, excepting when they act mechanically or otherwise as the cause of further morbid phenomena.

Thus a cretaceous lymphatic gland, or a dried-up hydatid tumour of the liver, would in most cases remain quiescent during its subject's life, or show no signs of its presence; but the gland might compress a nerve, the hydatid obstruct one of the hepatic ducts, or either of them provoke

inflammation, and thus work morbid processes.

All diseases involve, some in a greater, some in a lesser degree, not only certain groups of pathological changes (structural and functional) springing directly from their respective morbid causes, but these primary pathological changes themselves tend to evoke others; these again a tertiary series, and so on continuously; and, moreover, patients who are still under the influence of diseases and their sequelae are not unfrequently in a condition which renders them pretematurally liable to contract, if exposed to the influences which cause them, certain other diseases. The incidents of disease therefore are in many cases exceedingly complicated.

Let me illustrate my meaning

A person takes scarlet fever, and has, as the direct result of the operation of its cause, a special form of rash, inflammation of the tonsils, inflammation of the kidneys (characterised by a small amount of albuminuria), and various other symptoms needless to enumerate.

After a while, perhaps, the morbid process in his kidneys becomes more intense; the urine becomes scanty and contains blood as well as albumen; urea is retained within the vessels, and the patient has an attack of epileptiform convulsions, in which perchance he dies; or the scarlatinal inflammation of the kidney lays the foundation of its permanent disorganisation, and the patient sinks after some years with the usual symptoms of chronic Bright's disease.

Or, again, his throat may ulcerate, an artery be laid open, and he may bleed to death; or the inflammation may extend thence to his larynx, and he may be suffocated ; or it may travel along the Eustachian tube, and lead to destruction of the ear and permanent deafness ; or sloughing of the throat or necrosis of the temporal bone may prove the starting-point of pyaemia.

Or, once again, rheumatism may come on in the course of the disease, and in the sequel he may have pericardial inflammation, or cardiac valve disease, and subsequently

perhaps suffer from embolism of the middle cerebral artery, or from chorea. A woman has carcinoma of her pelvic organs, and it may be that she dies of the uncomplicated effect of the local lesion; but possibly perforation of the peritoneum occurs, and peritonitis ends her suffering; or the rectum perhaps becomes involved and she succumbs to obstruction of the bowels; or secondary tumours arise in various parts of the body, of which one obstructs the hepatic duct and thus induce jaundice, disorganisation of the liver, and death; or on becoming developed in the substance of the brain impairs or destroys some of the functions of that organ, and so kills; or again, the primary mass of disease obstructs during its progress the urinary passages, and presently retention of urine ensues, the kidneys become hydronephrotic, perhaps suppurate, and death results.

Once more, a man contracts syphilis and has a chancre.

At the end of a few weeks, induration of the inguinal glands, roseola, and other ordinary signs of secondary syphilis, manifest themselves: and when perhaps a year or two have elapsed, so-called "tertiary" symptoms begin to appear. But in the progress of this affection, what happens?

His testicle enlarges, and then after a time undergoes atrophy and becomes an useless appendage; or ulcers form on various parts of the surface and leave indelible cicatrices; or the laryngeal cartilages become necrosed and permanent aphonia, if nothing worse, results; or he has gummata in his brain or lungs, or liver, or heart, which induce their characteristic symptoms, and leave behind their characteristic traces. Take another case.

A pot-boy is constantly imbibing alcoholic drink. After a while, he suffers from hepatic inflammation, and slowly the liver becomes cirrhotic. Then abdominal dropsy comes on; and, secondarily to this, anasarca of the lungs, and to this latter, erythema laeve; or, also, secondarily to the ascites, supervenes compression of the lungs with dyspnoea, and to this latter condition, functional disturbance of the heart and hypertrophy of the right ventricle. Now, taking the above-selected examples as the basis of argument, let us consider how many of the morbid phenomena which have been

grouped under each head belong to the primary disease, how many should be looked upon as secondary or independent diseases, and if any be secondary or independent, where the line of separation between them should be drawn. It will be acknowledged that we speak every day of certain morbid conditions as diseases, although we know, and are ready to admit, that they are merely symptoms of some more deeply-seated affection.

Thus it is that we speak of ascites as a disease, even when we know that it is due to cirrhosis of the liver; or of spasm of the larynx in a similar sense even when we recognise its dependence on compression of the recurrent laryngeal nerve by an aneurismal tumour; or of leucocythaemia, jaundice, dyspepsia, and a host of other signs or symptoms which, however important they may be severally, are still only the effervescence, so to speak, of disease.

Now, if this mode of regarding the questions be accepted as true, every separate consequence of some primary disease should be deemed a disease, and scarlet fever, pelvic carcinoma, syphilis, alcoholism, and probably also every primary disease that can be named, would severally include within them, or could be compounded of, innumerable secondary diseases.

And I must confess that it seems to me, not only convenient and of practical utility to consider the secondary incidents of a primary disease in this sense; but further, that this mode of looking at the question is logically tenable, at least if, according to the definition of disease, which I have adventured, we combine with each such incident, in our conception of it as a disease, its cause or its consequences.

Thus the mere fact of the presence of fluid in the peritoneum, or of excess of urea in the blood would, I take it, by itself contribute a mere sign or symptom.

But ascites or uraemia, in association with cirrhosis of the liver, or atrophy of the kidney, as their respective causes, would each rise to the dignity of a disease; and would equally rise to that dignity if regarded in association, as causes, with the various untoward consequences, as symptoms, which they respectively tend to produce.

To return to the consideration of our detailed examples of diseases with their sequelae.

According to the theory which I have favoured, each one of the series may be looked upon as being made up of a number of what, regarded from one point of view are symptoms, regarded from another point of view are component parts of secondary diseases, issuing in collateral lines of descent from a common ancestral cause.

Thus in the first example, that of scarlet fever, we have skin-disease, tonsil-disease, kidney-disease, each immediately traceable to the operation of the scarlatinal contagion; and as a later series of events, we have desquamation of the skin and falling out of the hair, destructive inflammation of the tympanum or obstruction of the rima glottidis, uraemic and epileptiform convulsions; and as a later series still, pyaemia, rheumatism, heart-disease, chorea, and other morbid conditions needless to enumerate. But what limits shall we assign to scarlet fever itself? At what point among all these successive morbid processes does the disease scarlet fever cease?

1. Functional Diseases. I suppose there is no doubt that all so-called " functional" diseases are the results of intimate structural or chemical changes : but, as we do not the least know in what these changes consist, and recognise the diseases only by certain perversions of function, the term " functional" may still be fairly retained for them.

The diseases to which the name is most applicable are for the most part connected with the nervous or muscular systems ; and amongst them may be especially enumerated mania, epilepsy, chorea, asthma, palpitation, angina pectoris, and neuralgia. It must be added, however, that no diseases occur in which functional disturbance in some form or other is not present, and does not form a more or less important item.

2. Diseases originating in Excess, Deficiency, or Improper Quality of Nourishment. These would comprise not only

cases of general plethora due to over-eating, and of anaemia or emaciation due to insufficiency of food, and scurvy, and some other affections traceable to improper quality of food ; but cases also in which, owing (say) to obstruction of lymphatics, the bones and other tissues of a limb become hypertrophied, and those in which (in consequence of excessive lactation or haemorrhage or discharge of pus) the blood becomes poor generally, or in certain elements.

3. Diseases arising from Retained Excretions are such, therefore, as depend on the retention in the blood of carbonic acid, urea, or bile.

4. Diseases due to the Action of Poisons. Under this head might be included morbid conditions owing to the reception into the system of various vegetable poisons, such as strychnia, opium, chloroform, and ergot; of various animal poisons, such as those of venomous animals, and those occasionally yielded by mussels, sausages, and the like ; and of various chemical poisons—lead, mercury, and arsenic, to wit. And we might, perhaps, also add to the list of poisons chemical substances acting locally as irritants or caustics.

5. Diseases originating in Mechanical Causes. These would comprise all those cases in which tubes are narrowed or closed by compression, stricture, or concretions—hernia, intussusception, gall-stones, stricture of the urinary passages, thrombosis, embolism, affections of the cardiac valves, dilatations and perforations of tubes and cavities, and mechanical impediments to the transmission of nervous influence along the nerves or cord.

6. Parasitical Diseases. These are due solely and entirely to the fact that certain lowly but perfectly definite species of animals or vegetables have made the body their habitat. They include scabies, phtheiriasis, trichiniasis, and those diseases dependent on the presence of cysticerci and intestinal worms, ringworm, favus, and pityriasis.

7. Inflammatory Affections, Tubercle, and other Proliferating Growths or Neoplasms, are all very intimately correlated. In all, there is proliferation of the cell-elements of the tissues in which the morbid condition is in progress ; in all, there is a tendency, under certain circumstances, for the primary disease to spread or multiply locally, or to become disseminated by the lymphatics or by the blood-vessels ; and in most, if not in all, the disease is autopathic—in other words, its cause (whether it be chemical or vital) originates within the body.

8. Diseases generated by Comagium. These, which include all the exanthemata and most of the other diseases which the Registrar-General terms zymotic, form a large class. They are communicable by contagion, directly or indirectly. In all of them, the contagium is probably to use Ur. Sanderson's word) particulate and organised, and multiplies within the body ; and in most of them the disease has a certain limited duration, and presents a characteristic sequence of stages. As types of subgroups of diseases belonging to this category, may be enumerated small-pox, hooping-cough, cholera, enteric fever, hydrophobia, and syphilis.

I shall not now stop to discuss my first two classes of diseases— namely, functional diseases and those which are connected with nutrition. But I shall proceed to the consideration of the diseases which I have termed mechanical, with especial reference to their immediate effects, and the methods by which these effects are counteracted by nature ; for they are amongst the simplest forms of diseases, and those the phenomena of which are most easy to be analysed.

I will take a few examples.

A patient has constriction of his aortic orifice, and serious impediment to the passage of blood through it. In order to exert an equal influence over the systemic circulation to that

exerted previously in the healthy condition of the organ, the left ventricle acts more powerfully, and, as the physiological result of this over-exertion, becomes soon hypertrophied. But we know that invariably, along with hypertrophy of the walls, dilatation of the cavity takes place; the dilatation being evidently due to the fact that the ventricle, though acting powerfully, fails to empty itself at each contraction, and becomes consequently, during the contraction of the auricle, distended beyond its wont. Now the dilatation of the cavity is at least as great a source of weakness, as the hypertrophy of the walls is a source of strength.

If hypertrophy alone occurred, it is conceivable that that might compensate accurately for the obstruction taking place at the aortic orifice; but the supervention of dilatation neutralises gradually the beneficial effects of hypertrophy; and, though the patient's life may no doubt have been prolonged by these conditions, there is equally no doubt that a time finally comes at which his mechanical arrangements are less efficient than they would have been, had the wall and cavity of the ventricle remained each in its primitive condition.

The same thing precisely occurs in cases of stricture of the bowels. The tube above becomes dilated and hypertrophied, dilated, because of the accumulation of faecal matters in it; hypertrophied, in consequence of its powerful efforts to transmit these matters onwards.

But here again, though these changes are easy of explanation, and natural, their effect is abortive, and ultimately simply injurious. No cases more clearly demonstrate the truth of these statements, than those in which such dilatation and hypertrophy occur in the rectum and colon secondarily to prolonged constipation.

The hypertrophied and powerfully acting walls are incompetent to expel the faecal accumulation; and, even when the constipation is relieved by artificial means, the bowel remains as a flaccid, almost inert bag, notwithstanding the excessive thickening which its muscular walls present. Now, in all parasitic diseases, the parasites grow and multiply in the tissues of the body

according to their nature, and maintain their health and vigour amongst all the morbid processes which are taking place around them, and which they have evoked.

However different the diseases may be in other respects, there is a resemblance between those due to retention of poisonous excreta, those due to poisonous matters received into the system from without, inflammations, tumours, and infectious or zymotic diseases: in this respect, namely, that in all of them the poisonous material circulates with the blood, and tends to be deposited from the blood. Urea comes from the effete albuminous materials of the food and of the tissues, and is either manufactured within the vessels or in the tissues occupying the intervascular spaces.

The manufacture of the essential elements of bile is believed to take place within the liver, and through the agency of the glandular tissue of that organ, whence, in cases of obstruction of the ducts, it becomes absorbed into the circulation; but whencesoever derived, and by whatever process these and other excretory matters are formed within the body, any impediment to their escape from the body by the Emunctories, designed for their removal, leads to their accumulation within the blood.

Poisons (using the word in its usual restricted sense) which come from without are all inorganic, or, at all events, unorganised, and for the most part easily diffusible; and they enter either by the mucous surface of the alimentary canal, or by the lungs, or by inoculation; and for the most part they probably enter at once into the veins, and so become rapidly diffused throughout the system.

Some portions, however, in most cases doubtless enter the circulation indirectly by means of the lymphatic system; and, indeed, there is good reason to believe that all those which occur in solid and not readily soluble particles enter solely by the lymphatics, and therefore reach the veins only after a comparatively long period. Inflammation, tubercle, and proliferating growths, have especially much in common.

They all of them originate in some obscure cause, generally at some particular spot, where nutritive changes

take place attended with proliferation of the protoplasmatic masses there, and where, in consequence, swelling or tumour occurs. And in many cases there is a tendency for what is now called generalisation to ensue; that is, either particles of the morbid protoplasm or poisonous fluids (more likely the first than the second), detached from the diseased mass, are carried along the lymphatic vessels to the nearest lymphatic glands, where they excite morbid changes identical with those which gave them origin, and whence again, after a while, similar particles or similar fluids are conveyed by the efferent lymphatics to the thoracic duct, thence into the veins, and thence to the lungs and other organs, there to evoke a tertiary series of identical morbid processes.

It is thus, perhaps, that local inflammation becomes pyaemia: it is thus, certainly, that tubercle and carcinoma become diffused throughout the system. No disease probably illustrates this mode of spread better than syphilis.

A patient has a chancre (painless ulcer). In the course of a week or two, the inguinal glands become large and hard; and, as we know, the infectious material of syphilis has been carried from the chancre to the glands, and produces morbid changes in them identical with those formerly occurring in the chancre.

As yet, the patient's general health is unimpaired; but, in about seven weeks from the first appearance of the primary sore, the symptoms of secondary syphilis manifest themselves; a roseolous rash appears upon the skin; the throat becomes affected in a similar manner; and the hair falls off. Subsequently, the so-called "tertiary" symptoms show themselves, breaking out from time to time in successive crops.

Here we have obviously:

1. The Primary Disease;
2. Involvement of the Lymphatics;
3. The Generalisation of the Disease by means of the General Circulation.

From syphilis to the infectious fevers is a short step.

In the case of cholera and enteric fever, the contagia received into the stomach pass into the bowels, and are doubtless there absorbed (as all particulate substances are) by the columnar epithelium, whence they pass (as also all particulate substances pass) not into the vessels, but into the lymphatics, through the agency of which their general diffusion takes place.

If these views be sound, it would appear that (as regards inflammation, tubercle, tumours of a so-called "malignant" nature, and infectious diseases) the infecting elements are carried, from their point of primary development or of entrance, by means of the lymphatic vessels, to the nearest glands; that they are here delayed, and here multiply, and hence, after a time, are poured into the circulation.

It is not pretended that there are no exceptions to this rule. But, whatever the manner, whatever the route, by which the poisonous matters (in the classes of disease under consideration) gain access to the blood, there is no doubt of the fact that they do enter the blood; and that it is by circulating with it, and by being thus carried to different parts of the system, that the diseases which they cause become general diseases.

A chancre is a local disease; a variolous pustule, the result of inoculation, is a local disease; and in both cases the local disease remains local, and takes its own course, altogether independently of any special constitutional changes.

But the inoculation which excites local mischief at the same time supplies poison which at once becomes absorbed; and, whilst that remaining at the point of inoculation is producing immediate specific results, that generalised by the circulation gives generalised results of the same kind, which manifest themselves at a later period—at a period when the primary affection is subsiding or has disappeared. Yet, although the poisonous matters evidently enter the blood and circulate with it, it is only exceptionally that they can be detected in it.

It is true that urea, the elements of bile, and carbonic acid (when the respective organs by which they should be discharged act inefficiently), are found there in excess.

It is true, too, that in inflammation the blood is generally found to be overloaded with fibrinogen ; but this is only the result of inflammation, and not its cause. And it is also true that, in many of the diseases which we are considering, the blood becomes deteriorated in quality in various ways.

But poisonous matters introduced from without rarely remain sufficiently long in the blood, and in sufficient quantities, to be easily recognised in it; and the specific elements of specific diseases especially seem to defy detection. Undoubtedly the corpuscles which characterise inflammation, the specific germs of tubercle and carcinoma and syphilis, and the contagia or microzymes of infectious fevers, have never been seen in the circulating blood; and we know that the blood in these diseases is rarely, if ever, capable of successful inoculation.

The fact is, that the blood is an ever-changing fluid

It is constantly receiving into its bulk nutritious matters and leucocytes from the lymphatics, oxygen through the pulmonary vessels, and waste-elements of the body mainly, perhaps, through the systemic capillaries and veins; and it is constantly discharging from its bulk, on the one hand, nutritious matters which are needed for the growth and maintenance of the various tissues and for the secretions of glands, and, on the other hand, carbonic acid by the lungs, and various effete matters by the several other excretory organs. It of necessity equally tends to get rid of unusual and deleterious matters which have entered it, and must thus in all cases speedily purify itself of them, unless they should chance to multiply rapidly and persistently within it, or unless there should be some source of infection constantly in operation to renew those which have been removed.

We could scarcely, however, expect to find that equally efficient means should exist for the separation from the blood of matters which are only accidentally introduced into

it, as are provided for the separation from it of those effete matters which it is natural for the body to yield, and which it is essential for its health should be removed; and, in fact, we might expect them to be very much in the position in which urea and bile-pigment are when their appropriate emunctories fail to act.

The circumstances which immediately determine their removal are, of course, of the same kind as those which determine the removal of normal matters from the blood, such as either great solubility and diffusibility, or the existence of special elective affinities between the poisonous matters and certain elements, tissues, or organs of the body. Thus we know that some gaseous substances and fluids which readily evaporate (chloroform, ether, and hydrocyanic acid), pass off readily by the lungs; that iodide of potassium and many salts speedily escape from the body with the urine and even with the milk; that madder becomes fixed in the bones, lead in the muscles of the arm and those of the intestine, mercury in the salivary glands and elsewhere, and silver in the walls of the blood vessels and other parts throughout the greater part of the body.

Bilepigment, as we know, in cases of obstructed bile-ducts, is partly deposited generally throughout the body, and partly escapes with the urine; and urea in Bright's disease accumulates with dropsical effusion in the connective tissue, and to some extent escapes in the perspiration. And the same kind of thing takes place in autopathic diseases. When the germs of inflammatory mischief, or those of tubercle or of carcinoma, are carried by the circulation, they manifest, undoubtedly, an elective affinity for certain organs. In rheumatism, for example, the fibrous tissues especially suffer; in tuberculosis and carcinoma, most visceral organs, the muscular tissue, pancreas, and salivary glands, however, enjoying a special exemption.

Precisely the same thing holds good in the various forms of infectious diseases. But it is important to note that, although this escape of poisons from the blood is probably in all cases essential to recovery, it is equally an essential

step in the progress towards death; and that the graver symptoms, which indicate their presence in the system, occur for the most part after, and in consequence of, that escape; and that, whether recovery or death is to be the final issue.

It may, I think, in conclusion, be fairly admitted that poisonous matters, of whatever kind, which are present in the blood, tend speedily to be discharged from it, much as do its own normal elements; that, when they chance to have special affinities (chemical or vital) or certain tissues, they are deposited mainly in those tissues blindly, and altogether irrespective of the amount of good or evil they are likely to effect there; and that the subsequent morbid processes depend partly on the position, structure, and functions of the organs in which this deposition has taken place, partly on the nature of the deposited poison, whether it is merely chemical or vital, and whether (as in the latter case) it acts as a ferment, living and multiplying only so long as certain conditions essential for its development are present, or takes root in the tissues, and produces therein persistent proliferation or a growing tumour.

Edema

Now anasarca (edema), of course, immediately disappears when its cause subsides or is removed; thus when, as a result of ascites or of pregnancy, the lower extremities have become edematous, the edema is at once dissipated when the abdomen is made to resume its normal size; or when anasarca (edema) depends on scarlatinal inflammation of the kidneys, or on anaemia, the restoration of the kidneys to health, or of the condition of anaemia to that of full-bloodedness, is always followed by the subsidence of the dropsy (edema). It is obvious, therefore, that our first object in dealing with cases of anasarca (edema), is to consider whether and by what means the condition on which it depends can be obviated or cured.

But in most cases this condition is incurable; the patient has Bright's disease, and his anasarca (edema) is connected

with, probably dependent on, the retention of urea in the blood; or he has valve-disease of the heart, or emphysema of the lungs, and his dropsy is due to consequent over-distension of the systemic veins; or a carcinomatous or aneurismal tumour has compressed or involved some trunk-vein, and caused local edema.

And, in fact, his disease is not only incurable but progressive, so that any permanent cure of its consequence , dropsy (edema), would seem out of the question. Still it is certain that many inconveniences and many dangers may arise from the mere accumulation of dropsical fluid, and hence its removal, even though it be only temporary, is often desirable. This may be effected with more or less completeness in several ways; namely, by puncturing the dropsical tissues, or by acting powerfully on one or other of the emunctories, the bowels, the kidneys, or the skin, by which fluids are naturally removed from the system. I cannot doubt that both purgation, diuresis, and diaphoresis are all in their several ways efficacious. But, for myself, I must say that of the three I have least faith in diuresis, and most faith in diaphoresis.

I am not quite sure that I have ever known a case of anasarca (edema) dependent on organic disease obviously relieved by the use of diuretics alone; and most certainly I have never known a case of phlegmasia dolens or of a case in which the face and arms have become dropsical from the pressure of a tumour within the thorax, or any other case of localised edema, in which diuretics have appeared to have any influence whatever. And yet, if diuretics be competent to relieve general dropsies, they ought to be equally competent to relieve local dropsies; if they be competent to relieve dropsy involving the whole body, they ought to be competent to relieve in an equal degree dropsy limited to the head and neck, or to both legs, or to one leg.

That purgatives which produce watery evacuations are capable of removing a good deal of anasarcous fluid (lymphatic fluid) is, I think, quite beyond doubt; at all events, we all know how marked and how speedy is the relief which often accrues to an anasarcous (edema) patient

upon the sharp action of a drastic purge. I confess I have as little confidence in medicinal diaphoretics as I have in medicinal diuretics; but I have great confidence in hot air, hot vapour, and hot water baths.

During the period to which reference has just been made, and owing to the fact that special opportunities were afforded to us at the temporary St. Thomas's Hospital, I treated my anasarcous (edema) patients largely by the Roman bath; and I was soon surprised to find how well those even who were seriously ill bore it, and how much they were, for the most part, benefited by it. Indeed, I began by degrees to employ it in the treatment of such cases almost indiscriminately, and both for cases of heart-disease and cases of renal disease, whether acute or chronic. Under the influence of the Roman bath, employed, as a rule, three times a week, and the copious perspirations which it produced, I have certainly seen over and over again general dropsy (edema) diminish rapidly, and in a very high degree, with a corresponding improvement in the general health of the patient.

I hope I have spoken with becoming diffidence of my own power of removing general dropsical accumulations by attempting to promote their discharge from the kidneys, bowels, and skin.

I have intended to speak thus, because it is comparatively rarely that I (and I think I am not alone in this respect) have had the opportunity of watching the uncomplicated effects of either of these procedures. We know how much the supervention of dropsy in heart-disease is hastened by whatever excites the heart to undue action, and by whatever deteriorates the general health; and how, under favourable hygienic conditions and appropriate medical treatment, the action of the heart becomes quieted, the health improves and under the influence of these changes the dropsy disappears.

Similar observations are applicable in an equal degree to chronic renal disease and to the dropsy which follows upon it. Now, in almost all cases of anasarca (edema) that come under treatment, the patient is at once, in a greater or less degree, put under the influence of all those health

promoting conditions; and these co-operate with the special dropsy removing remedies which we then or subsequently determine to employ, and give them often an appearance of efficacy which does not belong to them. Dropsical accumulations within cavities depend, like anasarca (edema), on various morbid conditions.

Those which take place within the peritoneal cavity are the most common of them, and, on the whole, the most important; and I will therefore limit my remarks to them chiefly.

Ascites (fluid in the abdomen) may result, like anasarca (edema), from causes acting generally, such as disease of the heart or kidney. But it depends, also, on any morbid condition which causes obstruction to the portal system of veins, especially cirrhosis, and other forms of liver-disease; and on various morbid processes affecting the peritoneal surface, such as chronic inflammation, tuberculosis, and carcinoma; and more especially such as are connected in the female with the uterus, ovaries, and other pelvic organs; or tissues.

Here, as in the former case, it will be admitted that, whenever we can cure or ameliorate the morbid process on which the effusion or fluid depends, the latter will speedily disappear. Yet if dropsy (edema) of the belly, or of the pleura, or of the pericardium can be cured by such means, there is surely no reason why these other forms of dropsy should not be similarly cured.

Diaphoresis (sweating), diuresis, and action of the bowels are of benefit to the patient; in fact, I am sure that he is benefited as regards his general health by maintaining a fairly free action of these excretions.

The general results which I should venture to express in reference to the treatment of dropsies dependent on incurable organic disease are: that general dropsies may often be benefited by the use of diuretics, purgatives, or diaphoretics. And indeed act beneficially only in so far as they promote diuresis, or a corresponding action of the skin or bowels; that in most cases, if the patients general health admit of improvement, that improvement is attended with

more or less obvious diminution of dropsical accumulation ; and that such improvement of health and dissipation of dropsy may often be effected, or at all events materially aided, by the employment of tonics.

But it has been assumed, partly from the tendency which many of these affections have to be attended at about the time of their greatest severity with an attack of diarrhoea, an outburst of perspiration, or a large flow of urine (discharges which, from their frequent relation to commencing convalescence, have been called "critical"); partly from the fact that, in the larger number of them, a rash forms on the skin, or some corresponding condition affects some of the mucous membranes, and that in these affected surfaces the contagium of the disease chiefly resides; and partly from the well-known fact that many inorganic poisons received into the system pass out of it again by certain selected routes; that their natural cure depends on the elimination, by the skin or the mucous membranes, of the poisonous or contagious material which has developed within the body, and that hence their cure can be promoted by the encouragement of that elimination.

The theory of elimination is an old one; but it has acquired a special interest during the last few years from Dr. George Johnson's application of it to explain some of the symptoms of cholera, and the principles of its treatment. His views may be epitomised as follows. "Cholera is due to a morbid poison which has been received into the blood, which multiplies in the blood, and, ere long, escapes from it at the mucous surface of the bowels, causing in its escape the copious liquid evacuations which are so characteristic of the disease. This process is a curative one, and as such it is dangerous to check it, beneficial to promote it.

The choleraic collapse is not dependent on the diarrhoea, indeed, is often in inverse proportion to it, but is caused by the contraction of the pulmonic arterioles, which is in its turn excited by the poisonous matters in the blood, and prevents the passage of that blood into the pulmonary capillaries."

With some parts of this theory I have no present concern;

and, as regards the rest of it, it must, I think, be fully admitted that, if cholera depend on a poisonous something which multiplies in the blood, and, by its presence there, causes the characteristic symptoms of the disease, and that, if recovery from the disease depend on the separation of this poisonous something from the blood at the mucous surface of the bowels, it would probably be injudicious to adopt any plan of treatment calculated to arrest this eliminative process.

I have already, in my first lecture, briefly considered the modes by which the organised particles which constitute the contagia of infectious diseases become introduced into the blood, and the modes by which their numbers may be supposed to be augmented or kept up in that fluid. I have pointed out, also, that their residence therein must be of marvellously short duration, since they cannot be detected in the circulating blood in the most virulent fevers, even at their most infectious stage. They cannot (I believe) be recognised therein by the microscope; and the blood from patients suffering from infectious disorders is rarely, if ever, capable of inoculating the disease upon healthy persons.

The same fact holds good, as I have shown, in respect of carcinomatous and other forms of malignant tumours, and probably also of tubercle; the germs of which, developed in diseased lymphatic glands, are thrown off from thence into the blood, and are conveyed by the blood to distant organs, where they take root and produce secondary tumours, and yet are never discovered in the blood itself.

The remarkable freedom which the blood of carcinomatous patients, and that of persons who are suffering from infectious diseases, manifest from the specific poisonous matters which are the respective causes of these diseases, renders it, as it seems to me, most improbable that their characteristic phenomena are due to the presence of their respective poisons in the blood, or to the direct operation of these poisons on the blood.

As regards carcinoma, it is certain that, so long as its germs are retained within the blood, they cause no symptoms, at least we have not the slightest evidence to

show that they do. It is true that Mr. Simon, many years ago, propounded the ingenious hypothesis that a carcinomatous tumour is an eliminative tumour, that it becomes developed as the result of some antecedent cachectic condition of system, dependent on the formation of some poisonous material in the blood, simply and solely to act as an organ for the elimination of that supposed poison from the system.

I may add, as regards unorganised poisons which gain an entrance into the blood, that all those the action of which can be best traced by characteristic symptoms, obviously produce these symptoms neither by their action on the blood nor while they are in it. I do not, of course, for one moment deny that poisons act upon the blood; still less do I deny that, in the course of inflammatory, exanthematous, and other diseases, the blood becomes materially affected, and perhaps so much affected as to be incompatible with the maintenance of life; but I contend that these obvious and indeed coarse affections of the blood are not (except in a very slight degree) specific, but are due mainly to the rapid destructive processes which are going on in the tissues, and to the insufficient removal from the blood of the products of these processes. Indeed, it seems to me clear, not only from the facts of infectious fevers themselves, but from the analogies afforded by allied diseases and morbid processes, that the characteristic symptoms of these fevers do most certainly not arise so long as their respective specific poisons are merely circulating in the blood.

That poisonous or foreign matters which have entered the circulation tend rapidly to leave it, is a fact which has now been quite clearly established, not only for those which are inorganic, but for those which are organic, and even for the contagia of infectious diseases. Injurious, or nil, depends necessarily on a variety of circumstances. Thus some of the medicines called diuretics escape rapidly through the kidneys, simply carrying with them an increased quantity of the water of the blood; others, however, like cantharides, cause irritation and inflammation of the organ in their passage through it.

All that has hitherto been urged may probably be

regarded as compatible with the theory of elimination. It might be admitted that, in the affections to which this theory relates, there is a poison in the blood which, so long as it remains in the blood, produces little or no injury, and that all the symptoms of disease manifest themselves only when this poison has left the vessels; and yet it might well be maintained that the poison, having entered the blood, must, in the nature of things, depart from it, and hence that the symptoms which attend its departure must be encountered if the patient is to recover, and that, the more rapid this departure can be made, so much the better for him.

Now there can be no doubt that in this case the primary pustule is due to the direct multiplication of a portion of the poison inoculated at the spot; and it follows almost as a matter of course that the generalised pustules of the later date are due to the elimination of a similar poison from the blood, and to the fructification (so to speak) of this eliminated poison.

But if this be true of small-pox, surely it must be equally true of scarlet-fever and of measles; and there is no good reason why it should not be equally true of whooping-cough and mumps. And let me ask whether this and all the preceding arguments are not applicable with equal force as an explanation of the phenomena of cholera. I admit that in this disease a specific poison gains an entrance into the blood; I admit that it has a marked tendency to become eliminated from the blood at the alimentary mucous surface, and that this process of elimination is an essential step in the progress of the disease.

But I do not think that there is any proof that the poison acts injuriously while it is retained in the circulating fluid; and I do think (judging mainly from analogy) that it produces its characteristic effects when it escapes from the blood and acts on the solid tissues. That the poison of cholera undergoes development after its escape from the blood, is indeed proved by the fact (which seems to have been clearly established, both by the experiments which have been made upon mice and other animals, and by the experience which was gained with respect to the behaviour

of cholera in our last and in the previous epidemics) that choleraic evacuations become more and more effective in producing cholera up to the time at which (after the end of a few days) they are rendered inert by the advance of putrefactive changes.

If the theory of elimination be true, I conceive that this should be the proper indication for treatment. It will also have been observed, I hope, that in the course of my observations I have more than once dwelt upon the extreme importance of endeavouring to maintain or promote the patient's general health and strength, by regulating the action of his emunctories, by soothing his mind and nervous system, by improving the tone of his digestive organs by means of such tonic medicines as are admissible, and by the regulated administration of food.

And indeed it will be universally admitted, that the more we can improve our patient's health and strength generally, the more likely he is to battle successfully with his disease, and the less likely he is to suffer from many of its complications and sequelae.

We know, for example, how apt dropsical accumulations, the result of incurable organic disease, are to come on prematurely, under adverse conditions of health, and how often they disappear as the health of the patient becomes improved, and how often they may be kept in abeyance under a continuance of the measures which have brought about this improvement.

We know that it is mainly under the influence of such treatment that phthisis (pulmonary tuberculosis) and many other chronic and exhausting diseases become arrested in their progress, and in some cases finally cured; and we know also that it is due largely to the adoption of such measures, and especially to the judicious administration of appropriate nourishment, that many a patient suffering from inflammation, and many a patient suffering from fever, is saved from death during the severity of his disease and launched into safe convalescence." - in "Disease and its Medical Treatment", The British Medical Journal, Vol.1, No.587, & No. 588, 1872.

Edema

"In this disease we see the whole machinery of our bodies out of harmony. The outlet to the intestinal canal has become clogged. The canal has become little else than an automatic tube full of filth, with but a small opening through which nature crowds, by force of pressure from above, the fecal matter, after absorbing all its fluid properties.

The kidneys wear out trying to literally evacuate the bowels, through its delicate tubular network. The capillaries also have become paralyzed, and their cellular membrane so misused in trying to do the work of others, that this scavenger is a helpless paralytic. So the tissues and muscles of the. extremities are loaded with this rubbish and cast-off material, and we call it bloat. This is Edema. Empty and clean the colon." - Dr. H. T. Turner's in "New Hygienic Treatment"

Chapter 37

Two Factors in Producing Disease

"It is generally conceded that the majority of Europeans and Americans take more food than is necessary to keep the body in a healthy condition, and it is not unreasonable to think that a gentle reminder of this fact from time to time may be provocative of some little good. If it be granted, as Sir Frederick Treves has remarked, that ignorance and folly are the two essential factors in producing disease, then to disseminate knowledge and to condemn follies are the most important duties of a medical practitioner, and the self-evident fact may be here stated that so long as gluttony and inebriety exist in greater or less forms so long will it be necessary for the doctor to administer drugs to overcome the ill effects of these excesses. But the question of the layman always is, What is excess? and the answer to this must usually rest with the physician, for what may be an excess for one man may not be for another, what may be sufficient for one period of life may be insufficient for another, or what may be even suitable for to-day may not be for tomorrow, so that it will be seen that our responsibilities in giving advice as to diet are very great.

The late Sir Andrew Clarke, of London, was, on one occasion, observed by his patient to be writing a very lengthy prescription, as he thought, for medicine; his anxiety was, however, somewhat relieved when he learned that the writing was chiefly directions as to diet. In considering special forms of diet one might as well commence at the beginning of life, when the conditions ought to be more or less proper.

It may, I think, be granted that at this period of life, when the child is nursing, one does not often find a dilated stomach, for to produce this abnormal condition time is

essential, so that the infant that is in the habit of taking too much food regurgitates the excess shortly after; hence if the mother's milk is good, we ought to have a healthy infant, as far as feeding can make it so, for there can be no ill effects from overfeeding.

As soon, however, as the child's nursing days are over, then comes the possibility of excess in food, for the stomach in children, even if it be not dilated, has generally the power of retaining a greater quantity than is sufficient for the building of the tissues, the heat of the body, and the necessary energy—one or all kinds of food may be taken somewhat in excess. If the child is very active and lives largely in the open air, having normal excretory organs, then it will be proper for him to live on a diet representing in fair proportions the protein, fats, and carbohydrates.

If the same boy a little later on be placed in an office where he gets little exercise in the open air, we must not restrict any one kind of food, but rather the quantity of all, if we wish to keep him in good health.

If at the age of 25 years, when he has attained his stature, he is still an office man without chance of much exercise, then it is our duty to put a check on the quantity of his protein, for excess in this element of food is largely responsible for very many ills, and a due observance of the proper quantity will have a material influence on his well-being throughout life.

As only broad principles can be stated in this short paper, it may be said that the less energetic and active in physical efforts a man is, the less protein he will require; but the converse will not hold absolutely good, for when the appetite is sharpened by much muscular exercise the individual will, in the great majority of cases, partake too freely of meats and other protein—that is, more than is necessary to replace the tissues destroyed.

Then when excess commences, dilatation of the stomach follows as a natural result, and this leads to the possibility of greater and greater excesses, so that if no curb be placed on the appetite, gluttony in a greater or less degree becomes the rule of life.

When the system is constantly overloaded and the excretory organs taxed to their utmost, day after day and year after year, we cannot look for or expect to find a healthy body or a buoyant disposition, but, on the contrary, lethargy and indisposition will be the marked characteristics.

It must not be forgotten that the constant overloading will certainly be harmful to the kidneys and other excretory organs, for in time interstitial changes will surely take place, and if some acute disease such as pneumonia does not intervene and carry off our patient, we will, at any rate, have a life much shortened by the gradual deposit of excretory salts in the tissues throughout the body.

The man who ought to be in the prime of life will become prematurely aged, and it is then too late to effect more than an amelioration of his troublesome symptoms.

If the physician cannot control the quantity of his patient's diet, he can very often induce him to substitute the carbohydrates for his protein, and in this way accomplish something.

There will be no danger of not getting a sufficiency of tissue-building food, especially if a few beans and peas be occasionally put on his diet list. Up to the present I have assumed that a man has started in the world with normal excretory organs, but it must be remembered that there is a large class of people who have commenced life with defective powers of excretion, their parents probably not having lived an abstemious life, or some form of malnutrition having been present in the child while in utero; hence we find all kinds of dyspeptic disturbances from early life, and to speak broadly these young people belong to the class of those who cannot tolerate with impunity much protein. Up to the age of maturity they will, of course, require a certain amount, and this amount will depend upon their different capacities for excretion.

This large class as a rule live abstemious lives, nolens volens (whether a person wants or likes something or not), being compelled to, because slight excesses will throw them off duty for a day or more; they very early in life get their

severe lessons, and there is no danger with these of dilated stomachs.

They sometimes envy their friends or neighbours, who eat twice as much as they can; however, they get along fairly well if they reduce the protein and fats to a minimum and lead out-of-door lives. There is another large number who suffer from malnutrition from birth, and although they may have fair excretory organs the power of assimilating food is impaired. They are lacking in vitality generally, and frequently too tired to eat a good meal. Tuberculosis in some form is likely to make its appearance among them provided a forced diet with some artificial digestive be not adopted.

Here we find the protein of the greatest value, but unfortunately they are frequently given to the almost entire exclusion of the other elements, hence energy is impaired or lost, and with it the power of properly assimilating food, so that a mixed diet with an abundance of protein ought to be strongly insisted on.

The last large class of patients that I will mention consists of all those who are past the active period of life, and here it may be stated that many lives are shortened through intended kindness of friends and neighbours. The forcing of animal broths, jellied meats, and other protein on the aged and infirm is, to say the least, not conducive to their health and strength. Let elderly patients be fed largely on the carbohydrates and fats, and they will have more power to help themselves, less disturbances of the stomach and bowels, clearer mental capacity, more cheerful dispositions, and an all-round greater comfort." - R. Shawe Tyrrell, MB, LRCP in "Therapeutic Gazette", 1909.

Chapter 38

Effects of Diet of the Human System

"There's a lot of foods that we eat today that weren't even on the planet 50 years ago and so I think as a result of that because of the fact that our diet has changed so drastically that's the main reason that we're seeing these upticks and all these different diseases some of them are more than uptick some of them are just explosions in different diseases it's because we're eating differently I mean any any mechanic will tell you that the fuel that you put in your car matters.

I mean that's just self-evident right it's obvious of course the fuel matters you don't put cool-aid in your gas tank you the car won't run but then why do medical doctors not tell us that the food that we put in our body matters why do they tell us that it doesn't matter what fuel you put in your body it won't matter it doesn't affect your disease.

I don't know how many times I've interviewed cancer patients that told me that their oncologist said it does not matter what you eat it won't affect your disease that's absurd it's absurd to have a medical doctor tell you that the fuel that you put in your body doesn't matter, of course it matters" - Ty Bollinger in "iThrive! Rising from the Depths of Diabetes and Obesity", Docuseries November 2017.

"The vital principle, which we call life, though modified by peculiar circumstances, is the same in all human beings. It becomes, therefore, of importance that these circumstances should be understood by us, because, as we have seen in the chapter on "Health and Longevity," this principle can only be secured in a healthy state for many years by the regular and harmonious action of all the functions of the system.

Proper food, water, air, exercise, and rest, with entire abstinence from drugs, are essential to its continuance.

A little attention to the subject of diet will be sufficient to show how much health and longevity depend upon a proper line of conduct in this respect; inasmuch as the whole constitution of our bodies may be changed by it alone: nor is it less important in the cure of disease. The object of food being to supply the system with nutriment, health in a great measure depends on a proper supply of the best quality. This is also of great importance mentally as well as physically; for as Dr. Cheyne justly observes, "He that would have a clean head must have a clean body."

The stomach, which has been denominated by Lord Bacon "the father of the family;" and by J. J. Gurney, Esq., "the kitchen of the house," is the centre of sympathy, and intimately connected with the body and the mind; the most important organ in the preservation, or the restoration of health; is capable of modifying the action of every substance submitted to it; and if either the body or mind be hurt, intelligence of the injury is soon carried to it, and it soon becomes distended and offenced, in proportion to the importance of the part, and the degree in which it is hurt; this injury is resented either by excess of languor or excitement—doing too little in the first case, and too much in the latter.

In the one case constipation, and in the other diarrhoea is increased, in such as are subject thereto ; and all chronic complaints arc exasperated. Our stomachs arc, in general, pretty good judges of what is best for them, if we would allow them to guide us. Thousands have perished for being

inattentive to their call, for one who has implicitly obeyed them. Yet nothing is more common than for invalids to inquire of their medical attendant what food is proper for them." - William Horsell in "Hydropathy for the people", 1855.

A note on the Work of Denis P. Burkitt

Denis P. Burkitt, M.D., the work of the famous English surgeon, since 1972 showed that diet plays an important role in many diseases, including cancer.

Half the Chronic Disease in Advancing Years due to Dietetic Errors

"I have come to the conclusion that a proportion amounting at least to more than one-half of the chronic complaints which embitter the middle and latter part of life among the middle and upper classes of the population is due to avoidable errors in diet. Further, while such disease renders so much of life, for many, disappointing, unhappy, and profitless, a term of painful endurance, for not a few it shortens life considerably.

It would not be a difficult task, and its results, if displayed here, would be striking, to adduce in support of these views a numerical statement showing causes which prematurely terminate life among the classes referred to in this country, based upon the Registrar- General's reports, or by consulting the records of life-assurance experience.

I shall not avail myself of these materials here, although they would form an interesting theme of study for the purpose. My object is to call the attention of the public to certain facts about diet which are insufficiently known, and therefore inadequately appreciated." - Sir Henry Thompson, Bart., F.R.C.S., M.B., in "Diet in relation to age and activity, With hints concerning habits conducive to longevity", 1905.

Life is Found Only in Live Foods

"I noticed that most of my friends relied upon divine healing for health on the one hand and then defied all the laws of nature on the other, expecting that God would take care of them regardless of how they lived or what they ate. This to me seemed like deliberately stepping in front of an automobile and then calling upon God to save me.

At this point, something directed my attention to the study of the science of nutrition and I learned that my body was a chemical one composed of certain minerals, and, in order to maintain complete and perfect health it was necessary to take into it in the form of natural foods, all the elements that coincided with the composition of it.

This included not only the minerals, but the vitamins also, because scientific investigation has disclosed that minerals cannot be utilized by the body without vitamins, and that the vitamins are useless if there are no minerals on which they can work.

This discovery should enlighten the public of the great danger of filling up on synthetic vitamins when eating so many foods from which the minerals have been removed by the present methods of refining.

Foods in their natural form contain both minerals and vitamins.

Long ago the horse breeder learned the value of raw carrots in improving the appearance of his animals. Plenty of sunshine and green grass are also necessary. Human beings are made of the same kind of material as animals.

A farmer could not expect to keep his livestock well if he fed them only potatoes, meat, white flour, polished rice and white sugar, and yet nine-tenths of our population use a diet no better than that, with now and then a cooked vegetable and some canned fruit loaded with white sugar thrown in.

It requires Life to maintain Life, and there are no life elements in such a diet. Life is found only in live foods, which are the foods that have not been tampered with by

heating or refining.

Our ignorance in attaining health lies chiefly in not knowing what to put into our stomachs. Think of the wasted energy of going through the motions of eating and subjecting our digestive apparatus to the wear and tear of the process of digestion, only to find that these efforts merely satisfied our perverted appetite, but did nothing to keep our bodies in health because the foods were devoid of health-giving elements.

For all ailments have their common origin in some infraction of natural laws, in most cases, from overeating of foods deficient in minerals and vitamins, resulting in constipation, and later on, in overweight and congestion in various organs of the body. Few people would ever be ill if their food had always been properly balanced as to minerals and vitamins, and their diet had contained enough roughage to prevent constipation. As knowledge of nutrition is gained, the time is coming when a person's ignorance will be measured by the number of diseases he has.

People overeat because the foods they consume are devoid of life-giving elements and nature attempts to supply the deficiency by a constant feeling of hunger. So they eat more and more of the devitalized foods, which clog the alimentary canal with putrefaction, and fill the blood stream with toxins, until there are not enough avenues of disposal through the various eliminative organs.

Disease being one of the avenues through which toxins are expelled. **The intestines need to be swept out every day with the broom of roughage and this roughage contains some of the Vitamin B which all humanity so badly needs.** Mary C. Hogle, in her booklet, "Building up with Foods that Alkalinize and Heal," states:

> *"Deficient drainage is nothing more than an inability of a body to keep as clean inside as it should. For when the body fails to keep ahead of contamination from waste products, disease and ill health result. In view of these more recent concepts of disease in general, why would*

not the method which I used to become well, make you well also? If overeating of foods deficient in minerals and vitamins, with the resulting clogging of the intestines, filling the blood and lymph streams with toxins, make humans ill, why would not a good cleansing regime, followed by a properly balanced diet, make them well? One thing is necessary to remain in health or to acquire health, foods must be eaten that Nature intended us to eat instead of large amounts of foods that man has devitalized." - Lillian Taylor, in "Clean Up the Blood Stream and Live", 1944.

Chapter 39

Auto-Intoxication As a Cause and Complication of Disease

"Early nineteenth-century medical orthodoxy held that most of what we now know to be different diseases were manifestations of one basic underlying condition—merely different "symptoms," as it were, of a single disease state." - Lester E. Bush, Jr., in "The Word of Wisdom in Early Nineteenth Century Perspective", 1981.

"Although all the vital processes which take place ill the body are in a great measure co-operative and interdependent, that of metabolism, with its indispensable function of elimination is conspicuous in its importance.

The property of casting off unabsorbable materials and the chemical substances resulting from digestive processes is one which all living things possess.

Wherever there are living things the process of appropriating food from the environment, assimilating a part of it and casting off the residue constantly goes on. This residue contains more than indigestible refuse, there is also metamorphosed food material. If fish are confined in a limited space with no egress for their waste products they soon die, even if their food is yet unconsumed. If animals or human beings are likewise confined, and no provision is made, for the admission of fresh air, they too die and with symptoms of narcotic poisoning.

Air once breathed is poisonous and the organism is killed by that which is cast off from its own lungs. If bacteria are cultivated in nutrient media their multiplication continues

until a time when their growth ceases, even if there remains a surplus of nutriment.

The media are found to contain a substance which is unfavorable to the growth of germs which is clearly the result of the metamorphosis of the nutrient media by the bacteria. They too cast off a substance which is harmful to themselves. If the kidneys, through destructive processes in their substance or obstruction of their efferent ducts are unable to perform their eliminative functions, the animal soon dies, and with clinical phenomena which are fairly constant in different animals.

If obstruction of the bowel lumen occurs and an organism is unable to eliminate fecal residues, poisonous symptoms soon ensue and unless the condition be relieved they terminate in death. In the tissues, if waste materials are retained too long, cellular death and lesions result, for if a cell is not separated from the products of its metabolism its life cannot continue.

For example, if the ducts of the pancreas become occluded and its specific secretion finds no outlet, pancreatitis and necrosis is likely to occur.

These facts are illustrative of a biological truth, that the end-products of metabolism are harmful to the organism from which they proceed, and to the resulting phenomena the appropriate name of auto-intoxication or self-poisoning has been given. It is "the poisoning of an organism by matter produced within itself" to be sure, but this is too broad a conception since the toxins of all infectious diseases are produced within the organism, yet the toxemia of tuberculosis, diphtheria, or tetanus, cannot properly be classified as intrinsic.

It is also "that form of self-poisoning in which neither wound nor gross pathological lesions exist, but poisons elaborated within the system are not excreted with proper activity, and the system at large is injured."

One might coin a definition: Autointoxication is the poisoning of an organism by the retention of its metabolism end-products which normally are excreted; but this too is incomplete since it does not include, as it should, those

poisons elaborated in deranged functions. Intestinal fermentation and putrefaction are not normal, constipation is not physiological, and the retention of bile from duct stenosis is distinctly pathological, so it is evident that other than normal excretions are concerned.

For it is impossible to conceive any perversion of function without variation in the specific product of such function, and the greater the departure from the normal, the more abnormal do the excreta become, and, as we shall see, the more poisonous. So we must add to our coined definition that these materials are of two kinds, those that are regularly formed in the system, and those formed in abnormal states where there is perverted or disordered function.

In diphtheria, for example, we have a poison elaborated within the body, but in no way related to it, as truly extrinsic as would be any poison administered by another individual. In death from this disease the toxin kills, as would a drug, through its effect upon vital nerves, the anatomical structures of which are visibly changed, and not through a true self-poisoning.

The principals of auto-intoxication may apply in the case, affecting the course of the disease, and failure of the emunctories may be an important factor in dissolution, yet it is not within the scope of the subject according to our accepted definition. Whenever any function of the human organism fails in its specific action, organic equilibrium is disturbed in a measure proportionate to such failure; and this disturbance is transient if compensation is established by increased action of other organs, permanent if they fail to perform this added duty or if there is actual destruction of tissue. This is particularly true of those organs of the body concerned in the elimination of the excreta, the retention of which causes poisoning.

Intoxications manifest themselves in a great variety of ways, according to the toxic power of the substance itself, its degree of concentration, the part of the body with which it is brought in contact, and the susceptibility of the individual.

A disease may both cause auto-intoxication and be caused by it. We know that nephritis may be caused by endogenous

as well as exogenous poisons circulating in the blood stream, and with this nephritis conies decreased functional powder and failure of elimination proportional to such loss. This necessarily produces intoxication whenever accumulation becomes great enough to produce toxemia. Gastric dilitation is increased by the fermentation which its original dependency occasions, and the effect of auto-toxins upon the mind predisposes to errors of judgment and dietary indiscretions which promote the continuance of the underlying cause.

We have reason to believe that cirrhosis of the liver is caused by intrinsic systemic poisons and from the peculiarly important place this organ occupies in the animal economy any failure in its activity predisposes to the elaboration of intestinal auto-toxins." - Dr. W. Louis Chapman, MD in "Auto-Intoxication As a Cause and Complication of Disease", 1903.

Chronic Excessive Intestinal Toxemia

Putrefaction, Indicanuria, Auto-Intoxication, Intestinal Food-Bacteria Toxic States

"The subject of chronic excessive intestinal putrefaction, as well as the mixed and saccharo-butyric forms, is bound up in such a number of factors that an analysis of the condition as a clinical entity is not easy. In considering the subject we have to deal with the age of the individual, the infection of foods, combinations of foods, the effects of foods upon the bacteriology of the intestinal canal, the bacteriology of the intestinal canal independent of whatever foods are taken.

The economic factors pertaining to life, the sociologic conditions under which the individual lives, the status of secretion in the stomach, those poured into the small intestine, those of the intestinal mucous membrane, the status of motility in the stomach, small and large intestine, the rate of transit through the intestinal canal, oral and

faucial sepsis in relation to a direct infection of the gastro-intestinal canal. Various infective conditions such as those locked up in the gallbladder and appendix, as they may infect the intestinal canal, matters of bands, kinks, adhesions, etc. It will thus be seen that what might be classed as intestinal toxemia is far from a simple condition, even in the individual case.

It serves no purpose to say that because certain toxic bodies are not recoverable from the urine or elsewhere that no such condition as intestinal toxemia exists.

When one keeps in mind the many causative factors mentioned and the various processes that have to do with resorption and assimilation, the oxidizing processes in the general economy, matters pertaining to elimination, the deficiencies that exist in biologic knowledge, the deficiencies in analytical physiological chemistry, the fact that no definite substance is recoverable is no proof against the existence of these conditions.

All around us there are instances of people who for many years have conditions that can only be due to disorders of this kind. These individuals are immutable facts and while scientific medicine has not advanced to the extent of making possible the recovery of any definite substance and by so doing arrive at a definite diagnosis, the individuals still are there, and with the even suggestive diagnosis, the successful handling shows definitely that these conditions are distinct disorders." - Dr Anthony Bassler, MD in "Diseases of the Intestines and Lower Alimentary Tract", 1920.

Interpretation and Symptoms

"With the knowledge of the etiology, pathology, symptomatology, prognosis and treatment of the various disorders a physician has to contend with, one must now study and evaluate the hereditary and environmental factors which operate on the child and during the course of adult years, to have an understanding of the individual who has the disease, as well as to understand the disease in the individual.

The knowledge of these factors presents the answer for certain morphologic characteristics of the individual, certain immunities or lack of them that would be present, the psychologic make-up of the individual, and matters pertaining to his physiology as to whether it is slow, average or fast.

All of these are important for understanding not only any phase of medicine in diseases and disorders, but especially for the understanding of the intestinal toxemias." - Dr Anthony Bassler, MD in "Intestinal Toxemia, Autointoxication, Biologically Considered", 1930.

Toxic Causes of Maladies of the Heart

"And it is natural that the heart, linked as it is to many other organs by circulatory and by nervous connections, should be disturbed by extrinsic irregularities.

Our therapeutics confirms this view.

How often in practice do we omit the use of cardiac sedatives, of cardiac excitants, of cardiac tonics, of vaso-constrictors, of vaso-dilators, which so easily beset us, and all very useful when applied appropriately, to find such omission good, the heart's disturbance abated, and then to find the patient's comfort consummated under Gregory's powder, or under soda and calumba with an effervescent!

The nervous temperament, or nervous diathesis, as some prefer to call it, is the background, and, to change the metaphor, also the groundwork or basic principle, of most of the dynamic disorders of the heart.

It is the basis of all the dynamic disorders of the organ, if there be excluded toxic causes, as the excessive use of tea or of tobacco, auto-toxic causes, as goutiness, and as what may be called coprasmia from excessive faecal retention, and also if there be excluded spansemia, and also, what is little accounted of in these days, plethora, and also if there be excluded those disturbances of the myocarditim which are

marked by impairment of tonicity and of contractility in any part of that highly specialized musculature, and also if there be excluded certain rare cases of bradycardia, and of tachycardia, with or without exophthalmia. With these exceptions, the nervous temperament is the basis of the inorganic maladies of the heart." - Sir James Sawyer, MD in "Points of Practice in Maladies of the Heart", 1908.

> *"Primary Sjögren's Syndrome is characterized by immunemediated destruction of exocrine glands. Predominantly, salivary and lacrimal glands are targeted, causing the hallmarks of severe dryness of the eyes and mouth, also denoted 'sicca symptoms' (dry eyes and dry mouth). Apart from glandular symptoms, fatigue and arthralgia are often noted, and systemic complications involving extraglandular tissues, such as respiratory, vascular, neurological and renal manifestations, affect 1/3 of patients. Sjögren's syndrome also occurs in the presence of other autoimmune diseases and is then referred to as secondary Sjögren's syndrome. The incidence of Sjögren's syndrome peaks around 50 years of age. The morbidity associated with Sjögren's syndrome should not be underestimated; in fact, high psychological distress and significantly reduced quality of life is common amongst patients. Moreover, overall mortality rates are increased, partly owing to increased risks of lymphoma and cardiovascular disease." - A. Björk, J. Mofors, M. Wahren-Herlenius, in "Factors in the Pathogenesis of Primary Sjögren's Syndrome", Journal of Internal Medicine, 27 February 2020.*

Chapter 40

The Causes of Disease

"I have found no better definition for disease than the following: Disease is the morbid process considered in its entire evolution from its initial cause to its final consequence; affection is a morbid process considered in its actual manifestations, apart from its cause." - Dr John Henry Tilden, MD in "Impaired Health, Its Cause and Cure", 1921.

"The Roots of Disease can be found today in our environment, in our food, our life styles, in the drugs we take, and in many other forms of stress. By understanding some of the Causes of Disease, we can find ways to eliminate or minimize these influences in our lives and thus maintain a higher degree of health and well-being." - Dr Stan Malstrom and Jared Brown in "Roots of Disease", 1979.

"Cause of disease is being looked for everywhere, and no less a personage than the late Sir James Mackenzie, in "Reports of the St. Andrews Institute for Clinical Research," Vol.I, declared:

"The knowledge of disease is so incomplete that we do not yet even know what steps should be taken to advance our knowledge. Disease is made manifest to us only by the symptoms which it produces; the first object in the examination of a patient is the detection of symptoms, and therefore the symptoms of disease form one of the main objects of our study."

The first symptom we have of any chain of symptoms is discomfort or pain. In any stomach derangement we have

pain, more or less aggravated by food. What we call inflammation or gastritis. Gastritis continues, with a thickening of the mucous membrane. A time comes when there is ulceration. This will be called a disease, and is recognized as ulcer of the stomach. The ulcer is removed, but the symptom of inflammation and pain continues, and other ulcers will follow.

This state eventually merges into induration or hardening of the pyloric orifice of the stomach. When this develops, there is more or less obstruction to the outlet causing occasional vomiting, and, on thorough examination, cancer is found. When a great authority declares that dangerous diseases are combated without any perception of their nature, and that, too, in spite of the germ theory, it should be obvious to thinking minds that the germ theory has been weighed and found wanting. Yet, when something must be done, and nothing better has been discovery, "serums and vaccines may be used indiscriminately.

That the "rule of thumb" is the rule governing all thinking concerning symptoms, diseases, their cause and treatment, is so obvious that anyone possessing a reasoning mind, not camouflaged by scientific buncombe, should read as he runs. The truth is that the so-called disease was a toxemic crisis, and when the toxin was eliminated below the toleration point, the sickness passed: automatically health returned. But the disease was not cured; for the cause (enervating habits) is continued, toxin still accumulates, and in due course of time another crisis appears.

Unless the cause of Toxemia is discovered and removed, crises will recur until functional derangements will give way to organic disease.

The entire Medical Profession is engaged in doctoring crises of Toxemia; curing (?) and curing (?) until overtaken with chronic disease of whatever organ was the seat of the toxin crises. I say this advisedly; for now the supposed masters in the profession are looking for the causes of disease, and it should be obvious to any thinking mind that, until the cause of disease is found, certainly no dependable advice can be given as to how to avoid disease. Rest from

habits that enervate is the only way to put nature in line for curing. Sleep and rest of body and mind are necessary to keep a sufficient supply of energy.

Toxaemia: The Understanding of Disease

When a child shows symptoms of high fever, pain, and vomiting, what is the disease? It may be indigestion frown overeating or eating improper food. It may be the beginning of gastritis, scarlet fever, diphtheria, meningitis, infantile paralysis, of some other so-called disease. The treatment, according to the Philosophy of Toxaemia, may be positive and given with confidence. There need be no waiting for developments, no guessing, no mistakes. What is done is the correct treatment for any so-called disease, named or not named. Get rid of the exciting causes, whatever they are.

Ninety-nine times out of a hundred the stomach and bowels are full of undigested foods. Wash out the bowels, and get rid of this source of infection. Then give a hot bath of sufficient duration to furnish complete relief from any pain. When discomfort returns, give another bath. Use an enema every day, and twice daily if symptoms demand.

So long as there is fever, rest assured that the bowels are not cleaned out. Provide plenty of fresh air and water, and keep the patient quiet. See to it that nothing but water goes into the stomach until the fever and discomfort are entirely overcome; then give very light food at first. A child that is given an excess of food is liable to develop putrefactive diseases. It is doubtful, and I believe impossible, if any child brought up on fruit, whole wheat and other grains, and vegetables can ever evolve diphtheria, scarlet fever, or smallpox, or develop septic fever, typhoid.

The methods of the regular practice of medicine are in keeping with the habits of body and mind that lead to malignant disease, epidemics, etc. As a man thinketh, so is he.

Medicine believes in antitoxin, vaccine, and autogenous remedies; and these remedies fit the psychology of a mode of living that leads to vicious types of disease.

Most people are in sympathy with impossible cures: cures without removing causes.

All so-called cures will some day be proved a delusion

Remember that children will not be sick if they are not toxemic. Let the local manifestations be what they may, the basic cause is always the same, Toxaemia plus septic infection; and if this state is not added to by food, cases treated in this way will be aborted, jugulated, if you please.

Doctors who have seen only regular practice will declare that the cases recovering in this manner are irregular and lacking in intensity. Of course, they are not typical; for they have not been complicated with fear and disease-building treatment.

Medicine Doctors will say:

"Suppose it is a case of diphtheria? Antitoxin should be used, for it is a specific."

What is diphtheria? A toxemic subject with gastro-intestinal catarrh becomes infected from decomposition of animal food eaten in excess of digestive powers. The symptoms are those of tonsilitis, showing a grayish exudite covering the tonsils or other parts of the throat, accompanied by a disagreeable, pungent, fetid breath. There is great prostration. Subjects developing these symptoms have been living haphazardly. Their eating has been too largely of animal foods and starch, the conventional mixtures, and devoid of raw vegetables and fruit. The only animal food may be milk, and the patient a young child.

There have been running before, for a longer or shorter term, gastric irritation, constipation, perhaps several gastric attacks—acute indigestion. In some cases the physical state is so vicious that a severe development of gastro-intestinal putrefaction may end fatally in from 1 to 3 days.

These are the cases supposed to be overwhelmed by the diphtheritic toxin, which means an acute protein-poisoning, intestinal putrefaction, in a subject already greatly enervated and toxemic.

Acute Malignancy

Malignancy occurs in toxemic subjects who have been carrying continuously a state of gastrointestinal indigestion from a surfeit of food, in which animal substances predominated. The entire organism is more or less infected by the protein decomposition. A feast-day comes along; an excess produces a crisis; and the organism, which is enervated and toxemic to the point of no resistance, is overwhelmed by septic poisoning.

The Causes of Fatality

Fatal cases in all epidemics are food-drunkards who are very much enervated, toxemic and infected from putrescence in the bowels. It is a crime to feed anything to the sick. No food should be given until all symptoms are gone; then fruit and vegetable juices (never any animal foods not for weeks).

A hot bath should be administered three times daily. Wash out the bowels by enemas every few hours, until all putrescent debris is throughly cleared out; and, when possible, give a gastric ravage daily, until the stomach and bowels are thoroughly cleared of all putrescence. The life of the patient depends upon getting rid of the putrid food still remaining in the bowels, before enough putrescence is absorbed to cause death.

All epidemic diseases are wholesale food- poisonings among people who are pronouncedly enervated and toxemic. The poisoning by food is on the order of poisoning by chemicals. Those who have least resistance (are most enervated and toxemic) suffer most and succumb the easiest; for the poisoning brings on a crisis of Toxaemia, and the two nerve-destroying influences overwhelm the reduced resistance, and may end in death unless wisely treated.

All Acute Diseases are Gastro-Intestinal Infections acting on Toxemic subjects.

The more enervated and toxemic the subject, the more severe the crisis. Certainly anyone with intelligence should

see the danger in giving food when the exciting cause of the disease is food- poisoning. Getting rid of putrefaction is most important. Such diseases develop only in those of pronounced enervation and toxemic, and those of very bad eating habits.

Causes of Enervation

To understand disease, it is necessary to know cause; Toxaemia is the cause of all diseases, and toxaemia causes enervation: an enervated body and mind; is the cause of Toxaemia. Remember, a human being is a cerebro-spinal dynamo. A normal, healthy person is one who is poised (self- controlled). Man is either the master of himself, or his appetite and sensual pleasures master him. If the former, he enjoys health until worn out; and he should go down at from ninety to one 150 years of age. Young children should not be fed oftener than every four hours, and not that often unless they are awake. To awaken a child for food is very unnecessary and harmful.

Forced Feeding to Increase Weight

The sick habit often starts as a joke, an experiment, just to see how those interested will take it, and ends in deceiving the deceiver. A common habit, and one that often leads to a sick habit, is self-pity, being sorry for one's self. Children are inclined to play sick to buy what they want. The tonsils and appendix must be removed.

This is a pernicious medical fad. Feed right, and there will be no excuse for operations. Vaccine and serums must be used to immunize from disease that results from the enervation brought on from all preceding causes. This is another senseless fad, besides it is disease building. People are sick from wrong living. Operations remove erects.

Stop the cause, and disease goes away. Nature cures, when allowed to do so, by removing the causes of enervation.

Children Pampered and Spoiled

This brings on the bad and enervating habits of irritability, wilfulness, overeating, improper eating, and temper. Many of the older children use tobacco, coffee, and an excessive amount of sweets and pastry. Self-abuse begins early in many, and is the cause of stomach symptoms. Irritable children are hard to do anything for. The reason they are irritable is because they are pampered and not made to mind. It is a crime not to control children. They should be compelled to obey. But do not wait until they are sick. A cranky irritability will help bring on disease and keep a child sick.

Fear: Fear is the greatest of all causes of enervation.

A morality kept intact by fear is not health-imparting, and is not a morality at all. Remove the fear, and mob license succeeds it. Where the fear is real, the love is fictitious. Love being the basis on which ethics is built, a love founded on fear builds humbug ethics; and this is the foundation of all the conventional lies of our civilization.

The Role of Attitude in Disease

Envy and jealousy are cancers that eat the soul out of those who indulge them. What is left to love when the soul is gone?

Who are the old people who are left alone? Those who have lived selfish lives, who have demanded entertainment when they should have been entertaining themselves.

Happiness and entertainment must come from within, from a love of service, work, books. If this fountain of youth and pleasure is not found before old age creeps over us, we shall find ourselves alone. Even in the midst of a throng we shall be alone, forever alone. What could be more pathetic?

A study of nature reveals the fact that man must live for service; not giving alms, but helping others to help

themselves. Self-indulgence in the use of stimulants, is a constant drain on the nervous system. We should work with the creative instinct. Our work should be created in the image of its creator: love of the creator, of the work not the emoluments.

Dissatisfaction and Overworked Emotions are Enervating

Worry, fear, grief, anger, passion, temper, overjoy, depression, dissatisfaction, self-pity, pride, egotism, envy, jealousy, gossip, lying, dishonesty, failing to meet obligations and appointments, taking advantage of misunderstandings, abusing the credulity of friends, abusing the confidence of those who confide in us, all enervate and in time build incurable disease.

Grief: Grief is enervating. Those who are very enervated and toxemic will be prostrated by grief, and, unless put to bed and kept warm and quiet, and without food, may die. Food eaten under such circumstances will not digest, but acts as a poison. Some people are made invalids for life by a great grief.

Shock: Shock, mental or physical, may enervate so greatly as to kill by heart failure, or be followed by permanent nervousness. Wrong eating or overeating may prevent a return to health. Certainly overeating prevents a return to health.

Anger: Anger is very enervating. A daily shock of anger will build profound enervation. A temper that flies at the slightest provocation ruins digestion and builds nervousness. The chronic grouch is liable to build ulcer or cancer of the stomach. Those who cannot control their temper often build rheumatic arthritis, hard arteries, gall-stone, and early old age.

Egotism: Because of self-love, selfishness, misanthropy, and distrust, the egotist sees unfriendliness in all the acts of others, every hand is against him. This causes enervation and Toxaemia, which lead on to many nervous derangements, and even insanity.

Selfishness: Selfishness leads on to enervation and Toxaemia.

Ambition: Ambition of a selfish type brings on ill-health; for it meets with so many disappointments.

Envy: Envy of a low and disease-producing type is of a begrudging nature. To rejoice in the success of others, and try to equal them, where the success has been achieved on merit, builds a healthy mind and body.

Love and Jealousy: According to Solomon; "Love is strong as death; jealousy is cruel as the grave."

Excessive Emotion: jealousy, for example, or great anger, precipitates a profound enervation, which inhibits elimination. This floods the blood with toxin, and brings on a malignant Toxaemia in the form of toxin drunkenness, which in people of a belligerent nature causes them to run amuck. Murder, several murders, are sometimes committed.

In those with more consideration for others, those with less self-love, suicide ends the psychological storm. Jealousy and unrequited love, when not malignant, developing in a viscious, unmoral subject, in time undermine the constitution by keeping up a gradually increasing state of enervation and Toxaemia. Catarrhal inflammations and ulcerations get better and worse, with no hope of final recovery until the causes of enervation are overcome namely, enervating habits of mind and body, of which jealousy is chief.

Overeating: Overeating is a common and universal enervating habit; eating too much fat—cream, butter, fat meats, oils, rich pastries, sweets; eating too often; eating between meals, and checking digestion with water-drinking between meals.

Food-inebriety is more common than alcohol-inebriety. The subconscious is as busy as a hive of bees substituting, antidoting, and in reparation work; substituting one stimulating excess for another—demanding whiskey, tobacco, opium, etc., for gluttonous eating; thrills, shocks, sensual excesses for food-poisoning.

Ungratified sense-demands are appeased by food excesses or other stimulants; and when nature is balked in her demands, the victim runs amuck.

Every human being should know that the road to catastrophe is enervating habits.

The reason should be obvious to the student of nature.

Our wants are based on our subconscious needs; sentiment and ethics have nothing to do with it. Our subconscious is not moral nor immoral; it belongs to the Great Cosmos, which is systematic, perfect in order, but unmoral. The surgeon, laws, and anodynes perhaps relieve effects, but cures are based on removing causes. Legislatures are quack doctors. Self-control is the only cure. To develop self-control, the need must be understood.

The Gluttonous Build Putrefaction in the Bowels

Nerve-energy is used up in resisting systemic infection. The supply of blood to the surface of the body for purposes of warmth, radiation, resisting cold and heat, is called to the mucous membrane of the gastro-intestinal canal to neutralize the septic material that is about to enter the system through the absorbents. The mucous membrane becomes turgid with blood, establishing a mucorrhea (excessive secretion of mucus). This is what we call catarrh.

This secretion mechanically obstructs absorption of putrescence, and also antidotes the poison by bringing the

antibodies from the blood. A battle-royal is on all the time in the intestines of the gluttonous. The subconscious musters all the help possible, and when the system is drained of autogenerated antidotes, the victim is sent by his subconscious to find alcohol, tobacco or other. Insatiable desire for food and stimulants means an enervated state of the body brought on from overindulgence, overstimulation.

The wise will get busy and correct appetites

Perverted appetites are built by overeating, and eating without a real hunger (real hunger will take the plainest foods with a relish); eating when sick or uncomfortable; eating at all hours, between meals; eating until uncomfortable. **Gossip enervates the gossiper.** Gossips are always enervated, (they live in fear of being discovered).

Their secretions are always acid. They are inclined to develop pyorrhea and mucous-membrane infections. They are slow to recover from catarrhal crises of Toxaemia. If Toxemic get rid of enervating habits. Cures, prayers, drugs, surgery, all honest or dishonest cures, will not cure. Get rid of cause and stay rid of it, then health returns and abides perpetually.

Retrospection

More might have been said, and no doubt better said, about how we human beings vandalize our minds and bodies; but enough has been told for open-minded people to see that the only nemesis on our heels is our habits." - Dr. John H. Tilden, MD in "Toxemia Explained, The True Interpretation of The Cause of Disease", 1926.

"We have found that pediatric patients improve more rapidly if they are not fed." - Dr Joseph B. Kirsner, MD, Dr Roy Gerrard Shorter, MD, in "Diseases of the Colon", 1988.

Chapter 41

Toxaemia

"The doctrine of "infarctus," published 1780 by Johann Kampf (1753-18__), according to which diseases in general were due to faecal impactions (or "infarcts") affecting both the intestines and other body organs such as the liver, and therapeusis was based on rectal irrigation."

Poisonous Metabolic Products

"Within recent years the idea has become firmly established in the minds of physicians that a variety of morbid phenomena are due to Auto-Intoxication are, in other words, attributable to certain poisonous metabolic products.

This view, it is true, is not new, for it was familiar to the physicians of past generations, and was part of the teachings of the medical folk-lore of long ago. It was not, however, until Bouchard and his pupils published their investigations on the subject of Auto-Intoxication that this theory attained the dignity of a scientific doctrine.

At first we German physicians were by no means inclined to accept the theory of auto-intoxication that was being so enthusiastically proclaimed. Of late years, however, our attitude has become more friendly to the doctrine; this change of front is due to the fact that a number of toxic products of metabolism have actually been isolated, and their mode of origin in the organism and their pathologic effect determined to the satisfaction of the former critics of the doctrine.

We do not, of course, know all that we should properly know about the poisonous metabolic products that we

incriminate in so many morbid states but in a large group of important symptom complexes we are fortunately in possession of a number of facts that suffice to ground the doctrine of auto-intoxication on a solid chemical basis." - Prof. Dr Carl Van Noorden, MD in "Diseases of Metabolism and Nutrition", Part. 4, 1904.

“I have made the foregoing quotation from an eminent exponent of German scientific conservatism to emphasize the fact that the doctrine of auto-intoxication as a factor in disease causation, and as a prodromal state of bacterial invasion rests upon an accepted scientific foundation.

It is also to be understood that the phase of auto-intoxication here under consideration is that which is due to faulty metabolism the result of disordered nutrition, and is exclusive of intoxication resulting from the absorption of putrefactive toxins produced by intestinal bacteria.” - Dr Edward C. Kirk, DDS in “The Dental Relationships of Arthritism”, Transactions of the National Dental Association, 1910.

Toxaemia

“The cause of such ailments as rheumatism, heart disease, kidney disease, appendicitis, gastric and duodenal ulcer, pneumonia, asthma, hay fever, spinal diseases, epilepsy, insanity, fallen arches, and the fall of Adam is neither pyorrhea nor dental abscess. All these, and other diseases not named, come from the same general cause namely, Toxemia.

Without toxemia, an injury to a tooth gets well by resolution, and does not end in inflammation and suppuration, a focal abscess at the root of the tooth. Without toxemia, an injury to any part of the body get well without inflammatory reaction. Without toxemia, the four hundred, more or less, diseases of the medical nomenclature would die out for lack of encouragement.

What is Toxaemia

In the process of tissue building: Metabolism, there is cell building: Anabolism, and cell destruction: Catabolism. The broken down tissue is toxic and in health, when nerve energy is normal, it is eliminated from the blood as fast as evolved. When nerve energy is dissipated from any cause: physical or mental excitement or bad habits, the body becomes enervated, when enervated, elimination is checked, causing a retention of toxin in the blood or Toxaemia.

This accumulation of toxin when once established will continue until nerve energy is restored by removing the causes. So-called disease is nature's effort at eliminating the toxin from the blood. All so-called diseases are crises of Toxaemia.

Without a clear conception of cause, cure must remain the riddle that it is. If prevention can be accomplished, then cures will not be needed. All so-called diseases are, from beginning to end, the same evolutionary process.

A catarrh of the stomach presents first irritation, then inflammation, then ulceration, and finally induration and cancer. Not all cases run true to form; only a small percentage evolve to ulcer, and fewer still reach the cancer stage. More exit by way of acute food-poisoning or acute indigestion than by chronic diseases. In the early stages of this evolution there are all kinds of discomforts: more or less attacks of indigestion, frequent attacks of gastritis, sick stomach and vomiting.

As the disease progresses, a few become pallid and develop pernicious anaemia, due to gastric or intestinal ulceration and putrid protein infection; in others the first appearance of ulcer is manifested by a severe haemorrhage; others have a cachexia and a retention of food in the stomach, which is vomited every 3 or 3 days, caused by a partial closing of the pylorus.

These are usually malignant cases.

The Development and Increasing Symptoms of Disease

Cancer, tuberculosis, Bright's disease, and all chronic diseases were once innocent colds "ameliorated," and which returned and were "ameliorated" again and again; each time accompanied by a greater constitutional enervation, and a greater constitutional toleration for toxin-poisoning, requiring a greater requisition of mucous membrane through which to eliminate the toxin.

All the so-called diseases are increasing symptom complexes due to repeated crises of Toxaemia. They have no independent existence. As soon as Toxaemia is controlled, they disappear, unless an organ has been forced by innumerable crises to degenerate. To find the cause of cancer, start with colds and catarrh, and watch the pathology as it travels from irritation, catarrh, inflammation, induration, ulceration to cancer. All symptoms of all so-called diseases have one origin.

All Chronic Diseases are one.

Unity in all things is nature's plan. When we know how man is made, we shall understand the laws of his being; and it will not be necessary for him to die of apoplexy, stone in the gall- bladder or kidney, hardening of the arteries, or any other so-called disease caused by breaking the laws of his body and mind.

For Toxaemia is the Basic Cause of Chronic Diseases

The deadly germ on the hands, lips, drinking-cups, hanging-straps of street cars: in fact, found anywhere and everywhere; is not deadly until it gets mixed up with man's deadly dirty, filthy physical and mental habits.

Normal persons are deadly to all germs and parasites peculiar to the human habitat. Nature goes her limit in the prevention or absorption of any and all poisons." - Dr. John H. Tilden, MD in "Toxaemia Explained, The True Interpretation Of The Cause Of Disease", 1926.

Chronic Intestinal Toxemia

Toxic condition of the bowel and its involvement in many disorders of the Nervous System

"Satterlee and Eldridge (JAMA, 27 October 1917) review the nervous symptoms attending chronic intestinal stasis. For purposes of simplification, they divide the nervous symptoms attending chronic intestinal toxemia into four groups:

1 - The Mental System
2 - The Sensory System
3 - The Motor System
4 - The Sympathetic System

These groups may merge into one another, and it is not clear as to why the toxemia accompanying intestinal toxemia should exbibit a special affinity for certain parts of the nervous system. The authors point out, in proof of their contention, that the symptoms of a great many of these patients have been improved or have disappeared altogether through treatment of the intestines.

They divide the mental group into two subdivisions:

- Intellectual
- Psychic

Under the intellectual group are classified sluggishness of memory, dullness and stupidity, loss of concentration, loss of memory, and mental in-coordination.

In the psychic group are included irritability, lack of confidence, excessive and useless worry, exaggerated, introspection, hypochondriasis, phobias, depressions, melancholy, obsessions, delusions, hallucinations, suicidal tendencies, delirium and stupor.

Of the 518 cases studied for this paper, 201 exhibited irritability, 317 depression, 4 obsessions, 1 dual personality, 5

hallucinations, 4 delusions, 12 hysterical coma, 74 deep melancholia.

The sensory symptoms may be classified as paresthesias, hyper-esthesias, anesthesias, hyperalgesias, analgesias, myalgias, neuralgia, neuritis, perversions of taste and smell, hypohedonia, and hyperhedonia.

In the 518 tabulated cases, 421 complained of headache, 302 of vertigo, 397 of paresthesias, 387 of myalgia, 379 of "nervousness" and "nervous sensations."

The 3rd class or those exhibiting disturbances of the motor system, are fewer in number. They include the so-called intestinal epilepsies, and those resembling tetany.

The symptoms relative to the sympathetic system are numerous and extensive.

For purposes of classification, they may be divided as follows:

1 - Cardiac symptoms: including tachycardia and palpitation;

2 - Peripheral vasomotor symptoms, such as diminished blood supply to the skin, dry and brittle nails and hair;

3 - Gastro-intestinal symptoms, including disturbances in taste and smell, appetite, nausea, vomiting, changes in secretion, constipation and diarrhea;

4 - Disturbances in the endocrine system, with hypothyroidism, hyperthyroidism, alteration in the secretion of the suprarenals, and other glands of internal secretion.

These authors cite cases illustrative of the various conditions.

Their conclusions are as follows:

The nervous system is almost invariably affected in whole, or in part, by chronic intestinal toxemia. The nervous symptoms are often the most prominent symptoms connected with the case. If the obvious nervous factors can be excluded, a careful study of the Gastro-intestinal tract should be made.

Disturbances of the gastrointestinal tract are more often the cause of nervous symptoms than the result of a diseased nervous system. In doubtful cases, a proper Hygiene and Therapy of the Gastro-intestinal tract will often be the deciding factor in the differential diagnosis." - in "Progressive Medicine", Vol. IV, 1918.

You Cannot Heal Selectively

"When you truly heal, it is impossible to heal selectively, you cant heal one disease and keep another, if you have cancer and keep arthritis, it cant be done, the hole body heals, when the whole body heals it heals everything." - Charlotte Gerson

The Body doesn't heals selectively, when one symptom heals they all heal at once. The body when is faced with a health conditions in the greater majority of the times is with toxaemia, in order to regain health the bloodstream needs to be detoxified, once this is achieved the body heals itself. The body heals and renews itself daily.

In severe cases of recovering from an advanced chronic health condition, and during the healing natural process there is what is called a Healing Crisis or Healing Reaction, this is a natural phenomena that occurs during healing, and it is normally associated with both toxicity and impurities leaving the body, during this time both toxicity and bacteria, is removed from the body gastrointestinal canal and the bloodstream.

Lane's Picture of Auto-Intoxication

"Lane's very vivid picture of the results of chronic intestinal stasis includes the following items:

1. Loss of fat contributing to prolapse of internal organs.

2. Wasting of the muscles, setting up scoliosis (lateral curvature) and flat foot.

3. Thick, inelastic, sticky skin with pigmentation.

4. Subnormal temperature with cold extremities, which may be pale, bloodless and anaesthetic, or blue. If the blueness is widespread, depending on a damping down of the heart muscle by the toxins and a breaking-up of the red blood-corpuscles, the term "microbic cyanosis," suggestive of Raynaud's disease, is applied.

5. Mental apathy or misery, neuralgia, neuritis, epileptiform tic, headache, loss of temper, neurasthenia.

6. Rheumatic aches and pains. These aches and pains manifest themselves in all sorts of conditions in which toxic absorption is taking place, and clear up rapidly when the primary disease is cured.

R. Lund states that colon bacillus infection is not infrequent in cases of suppurative otitis media with mastoiditis.

Albert Gray admits that oto-sclerosis may originate from intestinal toxaemia and lays great stress upon diet. He declares that meat which permits of considerable toxin formation has a bad effect, as have also alcohol, tobacco, strong coffee, and tea. Dieting, laxatives, intestinal antiseptics, the elimination of septic food, vaccine treatment, all have a place.

7. Atrophy of the thyroid gland, usually preceded by hypertrophy.

8. The blood-pressure raised or lowered according to the kind of toxins absorbed.

9. Degenerative changes in the heart. These are very pronounced in many cases after an attack of influenza.

10. Breathlessness, almost asthma.

11. Degeneration of the kidney.

Dr. Watson (Glasgow Medical Journal, July 1918: "Gastro-intestinal Toxaemia as a Cause of Nephritis") gives details of cases of pyorrhoea, dilatation of the stomach, dilated and ptosed colon, in which nephritis was a constant feature, as well as the presence of toxaemia demonstrated by a pronounced tache cerebrale.

In all the cases the evidence of nephritis and the signs of toxaemia disappeared when the gastro-intestinal condition was cured.

12. Falling-out of the hair, or growth of hair where not wanted.

13. Pancreatitis and diabetes as above described.

14. Gall-stones.

15. Eye diseases: iritis, choroiditis, separation of the retina, retinitis, subconjunctival haemorrhages are amongst the ocular ailments recognized as the more or less direct result of auto-toxaemia.

There are also many indirect changes due to the lowered vital resisting powers of the tissues to microbes, such as:

a) Pyorrhoea: Langenhagen of Plombieres regards pyorrhoea alveolaris as a secondary manifestation of mucous colitis, which is directly due to intestinal stasis.

b) Tuberculosis: Many perplexing pulmonary conditions present themselves which, in my opinion, can only be explained by subinfection. For instance, not every case of consolidation of the apex of the lung is tubercular. I have watched many cases in which the absence of the tubercular bacillus from the sputum and the existence of a perfectly regular temperature directly traversed the diagnosis of phthisis pulmonalis, and delivered the miserably apprehensive patient from incarceration in a sanatorium. The presence of constipation suggested the possibility of absorption of streptococci from the colon and their invasion of a favourable pulmonary focus, and it is surprising how frequently streptococci are to be found in the sputum.

I have known a case of streptococcal consolidation of the right apex associated with a perfectly sterile effusion in the knee joint, and many years after complete recovery therefrom, attacks of hsematuria occurred which were again surmounted. To my mind these cases can be explained on no other hypothesis than that of intestinal toxaemia.

c) Rheumatoid Arthritis and Loose Joints: Dr. Philip Manson-Bahr (British Medical Journal, June 12, 1920, p. 791) is clear that arthritis can arise from the absorption of specific dysenteric toxins from the bowel-wall and their excretion into the joint- cavities. lie cites many cases occurring in bacillary dysentery, a streptococcus being responsible in one case and Shiga's bacillus in others." - Alexander Bryce, MD, CM, DPH in "Intestinal Toxaemia; or, AutoIntoxication in the Causation of Disease", 1920.

Chapter 42

Intestinal Toxaemia

Dr Bernard Jensen, DC was one of those legendary doctors who studied the works of Sir Arbuthnot Lane, MD, Denis P. Burkett, Neil D. Painter and learned from Dr Max Gerson, MD, Dr. John Harvey Kellogg, MD, and Dr John Tilden, MD.

The following remarks are the result from his Clinical findings obtained during his professional career in the field of Health:

"If waste cannot be eliminated and accumulates in the body, perhaps suppressed by drugs or extreme tiredness and fatigue, disease walks in. Bacteria accumulates. Worms and germ life develop most often in an underactive bowel. Gastrointestinal specialists realize that sulfa drugs and antibiotics destroy all bacteria, the friendly bacteria as well as the bad in the bowel."

"Knowing the methods of keeping the bowel healthy is the best way to avoid the grip of disease and sickness. The bowel wise person is the one who is armed with correct information, practices discrimination in eating, and walks the path of a healthier life."

"Toxic-colon problems, including appendicitis, occur when we fail to keep our bodies clean, that is, clean on the inside."

"Dr Allan Eustis, MD, an instructor at Tulane University School of Medicine, reported in 1912 that 121 cases of bronchial asthma were relieved by eliminating the intestinal toxemia universally present.

Dr D. Rochester, MD, of the University of Buffalo School of Medicine, stated in 1906 that after 23 years of observation, he concluded that toxemia of gastrointestinal-tract origin is

the underlying cause of asthma.

He said, "I believe the results of treatment justify my position."

Dr. Lane believed that arthritis could not develop in the absence of intestinal toxemia, and said there is clinical and X-ray evidence of intestinal stasis in arthritis patients. Furthermore, he stated: "The symptoms disappear and the patients recover sometimes with startling rapidity when the condition of stasis has been effectually dealt with." Others confirm the connection between intestinal toxemia and arthritis. For example, Max Garten, DC, in his book "Civilized Diseases and Their Circumvention", claims that arthritis can be treated successfully with a fast immediately followed by a diet of raw foods and raw vegetable juices.

> *"Severe arthritic involvements should be managed by alternating fasts or a vegetable juice regimen with a raw vegetarian food intake to the degree where at least 75% of the fare is raw or uncooked. The toxic material decaying in the sigmoid colon provides a favourable environment for the onset of degenerative disease. Toxic accumulation is at the root of most of our diseases today. Never before have people lived in such a toxic environment. Our air, wafer, food, soil, clothing, and everything we touch has the potential of being toxic to our system, "as environmental pollutants gain entry to the body by various routes."*

Stomach Disturbances

Some so-called stomach disturbances are actually the result of problems that lie further down the intestinal tract. People complain of a host of digestive problems, many of their complaints can be traced to the bowel. Stomach troubles include deficiencies of pepsin and hydrochloric acid, while bowel problems range from variable transit time for waste to Inadequate bile secretion. The most common

bowel problem by far is constipation. According to statistics compiled by the Registrar General of England, no group has contributed more to the death rate from intestinal diseases than doctors. These statistics show that the death rate of doctors is higher than those of both agricultural workers and the English population in general.

Constipation

Constipation is so widespread that the average person who is constipated doesn't even know it.

Natural Foods

One of the causes of constipation is “many processed and devitalized foods, usually cooked or even overcooked”.

Dr. Francis Marion Pottenger, Jr., MD determined that much chronic disease was caused by the failure to supply adequate nutrition through the intake of raw, uncooked, and unprocessed foods. He found that a diet of cooked, processed foods was detrimental to health. I've come to one certain conclusion. The number-one symptom, the one that occurs most often in the people I see, is bowel disturbance.

The people in most Western societies and cultures suffer from digestive or elimination malfunctions of some kind.

Gastrointestinal problems are of epidemic proportions.

Our food and lifestyle are slowly doing us in by undermining the health and vitality of our great people. Sickness and disease are claiming an ever-greater portion of our energy, time, and money, resulting in increased emotional stress. We are becoming health-poor and vitality-bereft. We have strayed from the right path and have been led to a dead end prematurely. This is unfortunate, but not inescapable. By turning around and giving up the old, by cleansing and taking the higher path, we can once again enjoy the wonderful blessings of a healthy, vital life just as the Creator intended.

We must defy modern society's life-robbing habits and foods by refusing to partake of them any more. We must be

willing to cut loose from the old and be like a little child once again, learning new and better ways. We are created by God and sustained by nature. It takes a long time to develop a chronic, degenerative disease, and it takes a long time to reverse such a condition Anything we can do to stop autointoxication will help slow down the disease process.

By stripping down the old, toxic mucous lining of the bowel, we remove the number-one source of disease in the body. In addition, we open up the bowel to a more efficient means of waste elimination and nutrient absorption, both of which are essential to any lasting healing process.

Exercise

Both fatigue and lack of exercise promote constipation.

Water

Most people do not drink enough water to help ensure proper bowel function. Insufficient liquid in the diet causes chronic dehydration and can be one of the major contributing factors to constipation. Lack of moisture reduces the volume of all the bodily fluids and thickens some of them. The bodily tissues become drier and less functional. The mucous lining in the colon changes in consistency, failing to provide slick lubrication for the movement of faeces.

Epilepsy

Dr C. A. Harter, MD, in 1892 linked intestinal putrefaction to epilepsy in 31 patients. He based his conclusion on the successful treatment of epilepsy using medications to control the bacterial activity of the intestine.

Sciatic Neuralgia

“Professor Carl Von Noorden, MD, in 1913 found "pains especially frequent which correspond to the ordinary sciatic

or intercostal neuralgia." Sciatic neuralgia is pain radiating down one or both legs, usually from the spinal nerves in the lower back. Intercostal neuralgia is pain in the chest, in the area between the ribs. Both these symptoms are common complaints. Dr. Noorden treated these conditions by relieving intestinal toxemia."

Eczema

"On the basis of clinical observations and sensitivity tests against various amino acids and ptomaine bases, eczema is probably caused by intestinal toxemia." - Dr. J.F. Burgess, MMB, lecturer on dermatology, McGill University, reports the results of his study of 109 cases of Eczema.

Psoriasis

"Dr. Bodeen and I (Bernard Jensen), both have had patients whose severe cases of psoriasis, an eczematous skin condition, cleared up following detoxification of the intestinal tract. Neither Dr. Bodeen nor I would go so far as to claim that intestinal toxemia is the cause of all psoriatic conditions, but would declare that, there is a strong association between a toxic state of the bowel and many types of skin manifestations and eczematous conditions."

Cancer

"The beginning of malignant disease in various organs comes within the wide range of conditions associated with intestinal stasis. Dr. Lane recorded his feeling of being "exceedingly impressed by the sequence of cancer and intestinal stasis."

Dr John Harvey Kellogg, MD, printed a statement about fibre's role in diet on the back of its bran-cereal box:

> *"A low-fat diet, rich in foods with fibre, may reduce the risk of some forms of cancer."*

The medical establishment and its satellite institutions have created a powerful paradigm for acceptable and unacceptable theories on the causes of and cures for cancer. Research like a 1980 study at the University of California Medical School in San Francisco revived the turn-of-the-century notion that toxins in the bowel can have damaging effects on the body. The study implied the possibility that bowel stasis is a cause of cancer.

> *"The lower end of the intestine is of the size that requires emptying every 6 hours, but by habit we retain its contents 24 hours. The result is ulcers and cancer. The products of intestinal toxaemia are absorbed and we have filthy blood, and there are a host of resulting ailments." - Dr Arbuthnot Lane, MD, in "American Medicine", Vol. 31, 1925.*

Diet plays a vital role in cancer prevention, it is prudent to say that bowel cleansing also has its place in preventing cancer as well as other diseases. Anyone can see that cleanliness and restoration of proper function go a long way toward building resistance to disease of any kind. The American Cancer Society has expressed the idea that it may take 20 years or more for some cancers to develop. I'd like to ask where the doctor was 20 years ago when the cancer was starting?

Prolapsus

Prolapsus refers to the sinking or falling down of a body part. The transverse colon has the softest tissue in the body. Long-term improper bowel care results in a thick buildup of mucus on the colon wall. The weight of this material, combined with poor nutrition to the muscles and ligaments plus the force of gravity, results in prolapsus.

Cysts on the Ovaries

We also find that women have more cysts on the ovaries than on any other organ in the body. Women undergo hysterectomies more than any other operation, and I believe this is because a good deal of pressure is exerted against the tubes, pressure that does not allow the proper circulation of blood or the removal of toxic material from the uterus.

Chronic Diseases

After years of work, I cannot help but conclude that the symptoms of many Chronic Diseases are directly or indirectly associated with Intestinal Putrefaction. As we have seen, disorders such as appendicitis; an infected liver, gallbladder, and tonsils; dysfunction of the heart and blood vessels; sinusitis; arthritis; and rheumatism no doubt have their origins in a sluggish colon." - Dr. Bernard Jensen's, DC in "Guide to Better Bowel Care", 1999.

Hemiplegia

(Paralysis of One Side of the Body)

"Mr. Langston Parker, in his work on Disorders of the Stomach, gives a perfect case. A lady Buffering from dyspepsia was seized with hemiplegia, which immediately disappeared on the action of purgatives bringing away pitchy stools. Mr. Austin, in his excellent "Practical Account of General Paralysis," states that persons labouring under that disease in connexion with insanity, are not unfrequently seized with sudden hemiplegia, which can be almost immediately relieved or removed by purgative enemata, which bring away scybala". - Thomas Palmer, MD in "On Reflex Hemiplegia", The Lancet, 1864.

Relation of Cardiovascular Disease to Hemiplegia

"There is an interesting relation between angina pectoris and hemiplegia. Both of these conditions are ordinarily due to lesions in the blood vessels supplying the organs involved, and the causes that lead up to disease of the arteries in the brain and disease in the arteries of the heart are the same. I have encountered persons who, within a few hours, had distinct evidence of an interruption to circulation in the artery supplying the pyramidal tract in the brain and the artery to the transmission bundle in the heart.

In other words, they had had simultaneous attacks of hemiplegia and angina pectoris. From the point of view of preventive medicine in searching out and applying those hygienic measures which can avert or prevent one disease or the other, about the same regimen and the same treatment are found advisable." - Dr Lous Faugeres Bishop, MD, in "JAMA", 17 Sep. 1927.

Dilatation of the Stomach on Gastroptosis

"The subject of this paper, "Dilatation of the Stomach, Gastroptosis and a Discussion of the Methods of Physical Diagnosis in Diseases of the Stomach", would seem to me to be of interest not only to the specialist and the surgeon, but also to the general practitioner of medicine, upon whom the first diagnosis of the case depends and upon whose judgment so much responsibility is placed. My paper is the result of a series of observations made during the course of my service in grastro-intestinal diseases at the Manhattan State Hospital, West, Ward's Island. It also includes cases from the Manhattan State Hospital, East, which institution I am visiting for Dr. Thomson.

These 2 hospitals have as inmates over 4,000 patients, male and female, equally divided, and furnish a fruitful field for investigation into the gastro-intestinal tract. I have also

secured valuable material from my service in diseases of the stomach, at St. Bartholomew's Clinic and in my private practice. A type of acute dilatation of the stomach is described by Mangelsdorf of Bad Kissingen.

He examined over four hundred persons suffering from migraine, and found acute gastric dilatation during the attack. He also discovered this same condition just preceding many attacks of epilepsy. An excellent abstract of his article will be found in a recent number of The Post-Graduate, translated by Dr. Achilles Rose.

Etiology of Chronic Dilatation of the Stomach

In young children, as I have already called to your attention, acute dilatation of the stomach may be productive of convulsions. Holt believes intestinal putrefaction exciting convulsions in children to be an important etiological factor in the production of epilepsy.

Acute dilatation of the stomach with resulting convulsions, I believe to be a strong factor when frequently repeated in producing the convulsive habit, and some cases of epilepsy can certainly be imputed to this. In fact this will explain some hitherto obscure cases.

Moreover, chronic dilatation of the stomach is, in itself, one of the causes of intestinal disturbances and of intestinal putrefaction.

Personally, I have no patience with the term "idiopathic epilepsy," believing that this is merely a confession of ignorance.

Among other etiological factors of chronic dilatation of the stomach are chronic gastritis, atonia gastrica and the "rapid bolting" of food.” - Dr Robert Coleman Kemp, MD, Professor of Gastro-Intestinal Diseases N.Y. School of Clinical Medicine in “Medical News”, 6 August 1904.

Chronic Intestinal Toxemia and Its Treatment, With Special Reference to Colonic Therapy

"Dr. Wiltsie presents in detail the best effort I have seen to justify and rationalize systematic cleansing of the colon in ridding the colon of harmful infections. A sincere effort is made to take colon therapy out of untrained hands and give it a dignified professional standing.

Focal and systemic infection, functions of the liver and colon, and the technique of the various methods of treatment are presented in an interesting and beneficial manner.

Many case reports are given in which adequate colon treatments in combination with other methods relieved a surprisingly wide variety of infections and conditions.

The underlying idea expressed is that infections entering the body and involving any organ will eventually invade and infect the colon and from here the infection is carried to the liver and then to the gallbladder and then back to the colon, establishing a vicious circle that gets worse until the chain is broken.

The chain is to be interrupted by adequate care of the colon, with the idea that if the infection from the colon is eliminated, the other organs involved can better free themselves of their infection, since a constant re-infection is not coming from the colon.

The author does not claim this treatment as a cure-all and insists that removal of foci, systemic treatment, etc., be used in conjunction.

If an organ as large as the colon, known to be constantly infected with many million bacteria of many strains and intimately related to other organs, does act as a focus of infection, the potentialities of its dangers are unlimited.

That "in all chronic infections or toxemias the colon is invariably involved and should be treated regardless of

presence of other foci," and intestinal toxemia can lead to "damage to the endocrine system, resulting in obesity, diabetes, psychic disturbances or high blood pressure" and later to "arteriole sclerosis, cirrhosis of the liver, nephritis, arthritis, myocarditis, etc." - Tate Miller, MD, in "Texas State Journal of Medicine", Vol. XXXV, 1940.

Chronic Ulcerative Colitis

"Ulcerative colitis is usually preceded by attacks of diarrhoea which the patient attributes to some dietary cause, or it may begin with a gradually increasing diarrhoea, until bleeding is noticed.

Occasionally it is preceded by an acute gastro-enteritis. On the assumption of an allergic basis, it is clear that the reaction in the intestinal mucous membrane will cause spasm and pain, to be followed by loose, watery stools.

Subsequent sloughing and exfoliation leads to bleeding.

Bowel action mostly results in numerous discharges of blood and mucus, though there is usually one normal stool daily." - in "The Medical Echo", Vol.26, No.2, April 1950.

Chapter 43

The Bacterial Process in Toxaemia

"The body contains already a certain amount of Pathogenic bacteria. These bacteria rapidly multiply, if the right feeding conditions for its multiplication exist. For example in your garden you have a designated area where you keep your kitchen waste.

In any garden there is normally a certain percentage of good and bad insects. If for any given reason you keep a bin full of food waste open, the amount of certain flying insects about your garden will increase.

This is the same manner or principle that the amount of Bad Bacteria increases in the human body, if you keep both your body externally and internally clean, and your gastrointestinal track clean, then these Pathogenic Bacteria will not multiply in disproportion to the good bacteria, either in your skin or in your gut.

This is your Micro-biome. So we can see that the Pathogenic Bacteria, which are the bad bacteria, can cause harm not has much for their presence, (has they are already present in a normal gut) but when they multiply disproportionally, the waste excreted by the Pathogenic Bacteria, which they produce from their own metabolism is more toxic to the human body then the one produced by the body in the gastrointestinal tract. When bacterial waste accumulates, it become toxic, this waste is commonly referred to as toxins. Dr John Harvey Kellogg, MD, stated that the ideal composition of bacteria in the human body was 15% Pathogenic Bacteria and 85% Symbiotic Bacteria.

When the body is in a state of Toxaemia, with a toxic load produced by the consumption of (among others): fried foods, factory prepared meals, foods with refined cane sugar, refined flours, soft carbonated drinks, etc..

"A malady may be initiated or its course affected by a local infection in several different ways:

1. The bacteria causing the focal infection may be discharged and conveyed by mechanical means so as to cause extension of the disease by re-inoculation.
2. The bacteria present in the original focus may overcome the local resistance and be conveyed to distant parts of the body by way of the lymphatics and the blood.

Once the bacteria leave the original focus, either singly or in clumps, they may be arrested by the nearest lymphatic gland and set up a lymphadenitis which may develop into an abscess.

If the infection passes this barrier 3 things may happen:

a) If the organisms are virulent they may multiply in the blood and set up either an acute or chronic septicaemia;

b) If the bacteria do not multiply in the blood they may be conveyed alive to a suitable nidus where they multiply and infect the surrounding tissues;

c) The bacteria conveyed by the blood are unable to gain a real footing anywhere; they may, by the process named sub-infection by J. G. Adami, produce a slow but progressive atrophy with replacement fibrosis in various organs of the body.

3. The micro-organisms may remain enclosed at the seat of focal infection from which their toxins are slowly and continuously absorbed so as to cause either temporary alteration in the structure and function of the blood and other tissues, or possibly permanent structural changes in important organs." - Professor George R. Murray, MD in "Discussion on Focal Sepsis as a Factor in Disease", Proceedings of the Royal Society of Medicine, Vol. 19, 1926.

Focal Infection

"If a lighted lantern were hung on the gravestone of every victim of appendicitis, all graveyards in the country would be well lighted." - Dr. Robert Morris, in "Journal of the Indiana State Medical Association", 1925.

"In dealing with the subject of Focal Infections which have a tendency to affect the body functions in a deliterious manner, by causing diseases of different organs and lowering the resistance to infection generally, the digestive canal should receive due consideration as a potent factor and as a source from which many diseases have their beginning." - Dr Homer H. Wheeler, MD, in "Focal Infection of the Gastro Intestinal Tract", Medical Art and Indianapolis Medical Journal, Vol. 26, 1923.

Chronic ill Health

"Chronic ill health or severe and acute illness may be due to the absorption of toxins from an unsuspected source, and Godlee showed the importance of hidden drops of pus, the unseen pus that "walketh in darkness and wasteth at noonday."

It is remarkable that even a large septic focus may be the unsuspected source of an illness. The maladies which are most likely to result by the direct mechanical conveyance of bacteria from a focal sepsis are infections of the skin, alimentary canal and respiratory passages.

Haemic infection or subinfection and toxins conveyed by the blood may cause septicaemia, malignant endocarditis, secondary and pernicious anaemia, acute and chronic arthritis, neuritis, fibrositis, certain diseases of the skin, and occasionally inflammation of either secretory, incretory, or excretory glands." - Professor George R. Murray, MD in "Discussion on Focal Sepsis as a Factor in Disease", Proceedings of the Royal Society of Medicine, Vol. 19, 1926.

Dental Sepsis

"Coming more directly to dental foci, we find conditions present that are exceptionally favourable to chronic sepsis.

A tooth in which the pulp has been destroyed, and which contains an infected pulp chamber, is a very difficult problem from the point of view of body defence, since it is -impossible, however well the blood may be circumstanced to overcome that infection, for it to bring all its advantages to bear.

The micro-organisms entrenched within the tooth are able to draw their sustenance by way of the lymphatics in the periodontal membrane, through the root tissue, while they themselves remain there inviolable and protected from the blood-stream." - Dr F. W. Broderick, MD in "Discussion on Focal Sepsis as a Factor in Disease", Proceedings of the Royal Society of Medicine, Vol. 19, 1926.

Eclampsia

"Dr R. C. Brown, FRCS, an Obstetrical Surgeon in England in 1930, linked intestinal toxemia and eclampsia, the latter commonly known as toxemia of pregnancy. The conditions are characterized by a rise in blood pressure, the presence of albumin (protein substances) in the urine, and edema (swelling), which, if left untreated, can lead to coma and convulsive seizures. The cause is officially classified as unknown. But chronic toxemia's influence via the circulatory system and the nervous system can affect any part of the body." - Dr. Bernard Jensen's, DC in "Guide to Better Bowel Care", 1999.

"Eclampsia. Puerperal convulsions is a symptomatic disorder characterized by convulsive seizures coming on suddenly prior to, during or after labor. Prevention is easy

for him who watches the urine for the amount of urea excreted, albumin, casts, etc. If necessary abortion must be induced. Post-partum eclampsia, with its wide-open eyes, fixed stare, contracted pupils, rapidly closing and opening lids, clonic convulsions, irregular heart action, stertorous breathing, is characteristic when taken in conjunction with the clinical history. Seizures vary in number.

Nature frequently produces spontaneous abortion. Its pathology is that of toxemia, probably due to the products of tissue metabolism, a condition that is present in a mild form in every case of pregnancy. This poison seems to not be uniform, more virulent in primiparae and remaining inactive so long as the kidney is sufficiently intact." - Dr Curran Pope, MD in "Practical Hydrotherapy, a Manual for Students and Practitioners", 1909.

Intestinal Toxemia Eclampsia

"In toxaemic eclampsia the eclamptic at tack appears to depend upon some blood change, which renders it unfit to nourish the cerebral centers, and causes an eclamptic discharge. Whatever its nature, it is certain that in some diseases eclamptic attacks occur as a result of blood changes.

In many complete epileptiform at tacks the clonic convulsions are the result of the strangulation produced by the early tonic spasm of the respiratory muscles, and it is therefore not surprising that similar clonic convulsions occur in diseases whose chief clinical manifestation is spasm of the respiratory muscles. Belonging to this group is the eclampsia of scarlet fever, as a result of concomitant kidney affection and albuminuria.

On general principles I allow an enema to be administered. If the stomach be overloaded an emetic should be given; if constipation be the cause the bowel should be emptied.

Whatever the peripheral irritant may be, it should be removed.

If the convulsion be of the toxic variety, the indication is, as far as possible, to diminish the toxaemia of the blood; the

kidneys, the bowels, and the skin, all the excretory channels, should be brought into operation.

An enema should be administered; the hot pack and mustard-bath to produce perspiration and make the skin act vicariously for the kidneys; and should the latter organs be sufficiently healthy, diuretics should be administered, remembering always that here rational therapy is, as usual, more successful than routine." - Dr H. W. Berg, MD, in "The Pathology of Elcampsia Infantum", American Medico-Surgical Bulletin, Vol.VII, 1894.

Reading the articles on wikipedia, which has become a mouth piece for the Medical Trade Propaganda, and removing the nonsensical, we eventually arrive at the causes:

Eclampsia is the onset of seizures (convulsions) in a woman with pre-eclampsia.

> *"Pre-eclampsia is a state of toxaemia which is exacerbated during pregnancy in which there is high blood pressure and either large amounts of protein in the urine or other organ dysfunction. Complications include aspiration pneumonia, cerebral hemorrhage, kidney failure, and cardiac arrest."*
>
> *High Blood Pressure is an indication of overloaded kidneys, in other words the kidneys have been for a while under a load of toxicity, with the outcome of pregnancy and the supply of blood to the fetus, this toxicity in the kidneys have taken their toll.*

Any person contemplating pregnancy, must contemplate a healthy, fresh, balanced diet, in which plain water must be included and food and beverages that are detrimental to the kidneys avoided.

Cardiac Arrest

It is well know that the main cause in cardiac arrest is the: State of Toxicity of the Blood. The Blood in circulation is filtered twice by the lungs, before being sent to the heart. The state of the blood, and the contamination of same, is paramount for the existence of either health or disease.

Thus the way to control the purity of the blood stream is by a balanced and healthy conscious diet. By Diet it is meant no fried foods, but instead foods should be either cooked, steamed, sautéed or grilled or eaten raw, such as fresh vegetables either raw or cooked, but not in aluminium, fruit in their season and never harvested green, fruit either raw or cooked. At any meal the lesser the combinations of foods the better.

Eclampsia

"Eclampsia is a name given to the most frequent variety of convulsions in the child-bearing woman, the result of kidney insufficiency and of a gestational toxemia. It is derived from a Greek word signifying to shine or flash out, and was conferred upon the condition on account of its sudden onset.

Causes: Since Lever's (Guy's Hospital Reports, 1843) discovery of the albuminuria usually preceding and accompanying eclampsia, kidney insufficiency has been regarded as the chief cause of eclampsia, but recent studies in the toxemia of pregnancy, while not diminishing the importance of imperfect elimination by the kidneys in the etiology of eclampsia, have established other factors in the causation of the disease.

The several theories advocated at present start with the common assumption that the ovum or fetus is the source of toxins contaminating the maternal blood. What these toxins arc and where they originate is still unknown. Kollmann in "Centralbl. f. Gyn.", No.13, 1897, points out that the fibrin-forming elements of the blood are much increased in eclampsia.

To these globulins, albuminous, large molecular bodies

which furnish the excess of fibrin, is ascribed the toxicity of the maternal blood. Experimentally these substances have been demonstrated to be toxic, producing eclamptic symptoms.

The negative results of cryoscopy in the urine of eclamptic patients indicate that there is an excretion of high atomic large molecular substances. Whether these substances, if they are the toxins of eclampsia, arc derived from fetal metabolism or from the syncytium of the placenta is disputed.

The author favors the former view for the following reasons: The toxemia of early pregnancy, which is probably due to the syncytial growth, differs in its clinical manifestations from the toxemia of the latter half of pregnancy; eliminative. treatment and dietetic management to spare the kidneys and liver favorably influence the toxemia of the second half of pregnancy, but have no effect on the toxemia of the first half.

The symptoms of the toxemia of the latter half of multiple pregnancies albuminuria and eclampsia are 10 times more frequent than in single pregnancies; in hydatidiform mole with its enormous overgrowth of syncytium eclampsia is rare; only 2 cases are recorded. The toxins in the maternal blood are conveyed first to the liver, where they are converted into substances fit for elimination by the kidneys.

If the liver fails in its functions or breaks down under the strain imposed upon it, the maternal blood contains toxic material irritating to the kidneys, the central nervous system, and the capillaries everywhere.

The kidneys manifest the irritation of their capillaries and of their epithelium by the symptoms of parenchymatous nephritis. Clinically it appears that even if the hepatic function is imperfectly performed functionally active kidneys are competent to excrete the imperfectly oxidized excrementitious matters in the maternal blood. On the contrary, with impaired excretory power in the kidneys, a cumulative toxemia develops, ending in eclampsia.

The following facts support this view:

Hepatic degeneration, in some cases to the grade of acute

yellow atrophy, is a constant condition in post-mortem examinations of eclamptic patients; a small proportion of cases display no kidney insufficiency prior to the eclampsia (10% to 16%).

But some form of kidney disease is discovered post-mortem in the large majority of cases: In 18 out of 81 autopsies Herzfeld found the ureters compressed at the pelvic brim and dilated; in more than 4/5 of the cases eclampsia is preceded by albuminuria and other signs of kidney breakdown; as the kidney symptoms increase in severity eclampsia becomes more imminent; with improvement in the kidney symptoms the danger of eclampsia decreases; examinations of the urine show apparently an imperfect oxidization of the nitrogenous bodies excreted.

Nicholson has advanced the theory that the thyroid gland is the most important factor in furnishing an antibody for the toxins of pregnancy. Adequate hypertrophy and hypersecretion of the gland, which is the rule in pregnancy, safeguards a pregnant woman against toxemia; inadequate activity predisposes her to it.

There is agreement that there is a toxin, or toxins in the blood of the pregnant woman derived from the ovum or fetus; that these substances affect mainly the liver and kidneys; that a breakdown of either of these organs results in a toxemia; that the accumulated toxins probably are intensely irritating to the capillaries; that either in consequence of an acute anemia of the brain, due to contraction of the capillaries or to a direct irritation of the central nervous system, convulsions appear.

From the clinical point of view it is a mistake to minimize the importance of the kidneys.

The examination of the urine gives us the first premonitory signs of gestational toxemia in the latter half of pregnancy in more than 4/5 of the cases, and a treatment to avoid strain on the kidneys and to promote free urinary excretion is the only effective· preventive treatment of eclampsia except the termination of pregnancy.

The kidneys in pregnancy may become insufficient for the

work of disposing of excrementitious matters from both maternal and fetal bodies, by reason of the kidney of pregnancy, of nephritis, of increased intra-abdominal pressure, or of direct pressure upon the ureters.

It is important in practice to appreciate that the kidneys may be diseased and yet functionally sufficient, or that they may be healthy anatomically, but functionally insufficient for their double work." - Dr Barton Cooke Hirst, MD in "A Text-book of Obstetrics", 1909.

Chapter 44

Simplicity in Diet

"One of the more exciting benefits of good nutrition is the prevention of diseases", "What happens to cause some genes to remain dormant, and others to express themselves? The answer: environment, especially diet."

"Genes do not determine disease on their own. Genes function only by being activated or expressed, and nutrition plays a critical role in determining which genes, good and bad, are expressed", "A pattern was beginning to emerge: nutrients from animal-based foods increased tumor development while nutrients from plant-based foods decreased tumor development."

"These two eye conditions, macular degeneration and cataracts, both occur when we fail to consume enough of the highly colored green and leafy vegetables. In both cases, excess free radicals, increased by animal-based foods and decreased by plant-based foods, are likely to be responsible for these conditions."

"We now have a deep and broad range of evidence showing that a whole foods, plant-based diet provides the best protection against heart disease, cancer, diabetes, and autoimmune diseases (e.g. multiple sclerosis)."

"Good nutrition creates health in all areas of our

existence. All parts are interconnected", "The data clearly show that a whole foods, plant-based diet can dramatically lower colorectal cancer rates", "The same nutrition that prevents disease in its early stages (before diagnosis) can also halt or reverse disease in its later stages (after diagnosis)."

"Our food choices have an incredible impact not only on our metabolism, but also on the initiation, promotion and even reversal of disease, on our energy, on our physical activity, on our emotional and mental well-being and on our world environment. All of these seemingly separate spheres are intimately connected." - T. Colin Campbell, Professor Emeritus of Nutritional Biochemistry at Cornell University, in "The China Study", 2004.

"Nature delights in the most plain and simple food, and every animal, except man, follows her dictates. Man alone riots at large, and ransacks the whole creation in quest of luxuries, to his own destruction. An elegant writer of the last age speaks thus of intemperance in diet:

"For my part, when I behold a fashionable table set out in all its magnificence, I fancy that I see gouts and dropsies, fevers, and letharges, with other innumerable distempers, lying in ambush among the dishes." — Dr. Beach

"As health is the most precious of all things, and is the foundation of all happiness, the science of protecting life and health is the noblest of all, and most worthy the

attention of all mankind." — Hoffman

"Some girls fancy that beauty can only exist in forms slender and delicate. At the very thought of being corpulent, they are alarmed, and to obviate grossness, as they call it, they drink such quantities of vinegar, that it not only destroys the tone of the stomach, but introduces a withered ghastly paleness. For the same purpose they continue the absurd practice of wearing jackets, or corsets, so oppressive, as by compressing the ribs, to prevent the expansion of the lungs.

It was a maxim of Socrates:

"That we ought to eat and drink to live and not to live in order to eat and drink."

Temperance is the preservation of the dominion of soul over sense, of reason over passion. The want of it destroys health, fortune, and conscience. Repinings and secret murmurs of heart give imperceptible strokes to those delicate fibres of which we are composed, and wear out the machine insensibly; not to mention the injury they do the blood, and those irregular disturbed motions which they raise in the vital functions.

Whereas, cheerfulness bears the same friendly regard to the mind as to the body; it banishes all anxious care and discontent, soothes and composes the passions, and keeps the soul in a perpetual calm." - Ewell

"The patients whom the physician of today is called upon to treat may be divided into 2 groups:

1. Those suffering from active disease, excess or deficiency of one of the natural alkaloids, poisoning by improper food, or poisoning by micro-organisms or their products.
2. Those whose tissues are functioning badly because of scars left by previous active disease; this group includes many paralyses, joint troubles, and cardiac disease." - Dr Walter Ernest Dixon, MD, FRS in "A Manual of Pharmacology", 1929.

Faulty Food and Digestive Tract Infection

"McClendon, Shipley, Howe and Grieves have recently contributed some very instructive data on the relation existing between diet and dental caries. They have somewhat upset many accepted theories in reference to dental infection and in the light of their investigations it would appear that dental diseases are not essentially a local condition, but rather a manifestation of constitutional disturbances produced by the prolonged use of faulty food.

Their studies of the nutrition of teeth have shown that they require all the food elements needed by the body and, in addition, their texture is dependent upon necessary chemical elements, as calcium, fluorine and the phosphate ion.

They have shown that there is a relation between diet and, the metabolism of bone and teeth, and that the metabolism of bone and teeth is similar. To sum up their conclusions, the proper development and the maintenance of the proper nutrition of bones and teeth are dependent upon an adequate provision of calcium, phosphate and vitamins A, B and C.

McCarrison, whose opportunities for the observation of the effect of diet on man and animals have been very unique, and whose observations have extended over a long

period of years, has been able to produce definite endocrine disorders by vitamin deficiency in association with faulty food balance. He has shown the close relation ship between a proper diet and the harmonious metabolic state.

He has called attention to the necessity of providing food which will maintain and sustain the endocrine balance. The work of the other investigators mentioned has proved that goitre, rickets, scurvy, opthalmia, beri-beri, pellagra and other diseases are due to a deficiency of some essential principle of nutrition. McCarrison has been able to produce gastro-enteric pathology in man and animals by feeding natural foods from which he had extracted one or more of the vitamins or to which he had added an excess of starch, or of fats and starch.

By feeding this faulty food over variable periods of time he has been able to produce diarrhoea, dysentery, dyspepsia, and gastric dilatation, gastric and duodenal ulcer, intussusception, colitis and failure of colonic function.

He does not believe that these conditions are invariably produced by faulty food or that faulty food is the only cause of them. He does contend, however, that faulty food is often at the bottom of their causation and if natural or well-balanced food were used from birth that their occurrence would be lessened materially.

His conclusions regarding the experiments on monkeys manifesting gastro-intestinal conditions in consequence of the various deficient foods employed, are summed up as follows :

1. The health of the gastro-intestinal tract is dependent on an adequate provision of vitamins. The absence of growth vitamins is capable of producing pathological changes in the tract which frequently assume the clinical form of colitis. This observation is of the highest importance in view of the frequency with which this malady is encountered at the present day. Deficiency of vitamin C is especially concerned in the production of congestive and hemorrhagic lesions in the tract, and evidence of these may be found in animals which have not exhibited during life any of the clinical

manifestations of scurvy in noteworthy degree. A state of ill-health of the gastro-intestinal tract may thus be a prescorbutic manifestation of disease due to insufficiency of this vitamin, especially when associated with an excess of starch or fat, or both, in the food.

2. The disorder of the gastro-intestinal tract consequent on vitamin deficiency is enhanced when the food is ill balanced.

3. Pathologic processes resulting in this situation from deficient and ill balanced foods are:

a) Congestive, necrotic and inflammatory changes in the mucous membrane sometimes involving the entire tract.
b) Degenerative changes in the neuromuscular mechanism of the tract, tending to dilatation of the stomach, ballooning of areas of small and large bowels, and probably also to intussusception,

c) Degenerative changes in the secretory elements of the tract, of the gastric glands, the pyloric glands, the glands of Brunner, the glands of Lieberkuhn, and the mucous glands of the colon. These changes are such as must cause grave derangement of digestive and assimilative processes,

d) Toxic absorption from the diseased bowel, as evidenced by changes in the mesenteric glands,

e) Impairment of the protective resources of the gastro-intestinal mucosa against infecting agents, due to hemorrhagic infiltration, to atrophy of the lymphoid cells and to imperfect production of gastro-intestinal juices. This impairment not only results in infections of the mucous membrane itself, but also permits of the passage into the blood-stream of microorganisms from the bowel.

f) It is to be emphasized that the pathologic changes found in the gastro-intestinal tract are more marked in some

individuals than in others; and that, while all of them may occur in one and the same subject, it is usual to find considerable variation in the incidence of particular lesions in different individuals.

These observations are significient and when coupled with his observation that in uncivilized races, gastro-enteric conditions are very infrequent, are convincing proof of the relation of faulty food to enterocolitis. He was led to inquire why certain uncivilized tribes possessed such magnificent physique and preserved for so long the characteristics of youth, were so long-lived and unusually fertile and free from the functional nervous disturbances.

During a period of nine years when his operating list averaged more than 400 major operations a year, he never saw a case of asthenic dyspepsia, of gastric or duodenal ulcer, of mucous colitis or of digestive tract cancer. He attributes the infrequency of these conditions to these circumstances:

1) Infants are reared as nature intended them to be reared—at the breast. If this source of nourishment fails they die; and at least they are spared the future gastro-intestinal misery which so often has its origin in the first bottle.

2) The people live on the unsophisticated foods of nature: Milk, eggs, grains, fruits and vegetables.

I do not suppose that one in every thousand of them has ever seen a tinned salmon or a chocolate or patent infant food, nor that as much sugar is imported into their country in a year as is used in a moderate-sized hotel of this city in a single day natural foods in their natural state, that is, milk, eggs, grains, fruits and leafy vegetables, protective foods as McCollum has named them, "for they provide in proper quality and proportion the proximate principles and vitamins necessary for nutritional harmony and the proper vegetable residue for the healthy evacuation of the bowels."

This information, so briefly reviewed, seems to establish experimentally and clinically that digestive diseases are due primarily, perhaps in almost every instance, to faulty food deficient in proximate principles or containing an excess of certain kinds of proximate principles or a deficiency of vitamins.

This leads us to the next observation that I have promised to outline, based upon observations of the relation between diet and the intestinal flora on one hand, and the intestinal flora and disease on the other hand." - Dr N. Philip Norman, MD in "International Clinics", 1923.

"Rickets is a Chronic Disease of Nutrition. The etiology of this disease results from chronic malnutrition, often re-enforced by poor hygiene and unsanitary environment. Breast-fed infants almost never develop rickets, unless lactation be unduly prolonged, or the breast milk be poor in quality. Artificially-fed infants, on the other hand, frequently show evidences of rickets, especially when fed improperly. The diet in these cases is usually largely deficient in fats and proteins, with an excess of carbohydrates. This accounts for the common occurrence of rickets in children fed on proprietary foods, most of which contain low percentages of fats and proteins, with carbohydrates in improper proportion and often in improper form, as starch and cane sugar." - Dr Arthur R. Crandell, MD in "Rhachitis", The Boston Medical and Surgical Journal, Oct. 1901.

"Faulty food is largely used by many civilised people at the present day, I would ask you to consider first in this connexion the increasing tendency in modern times to rear infants artificially on boiled, pasteurised, and dried milks, and on proprietary foods, all vastly inferior to healthy mother's milk in substances essential to the well-

being of the child-inferior not only in vitamins, but in enzymes, thyroid derivatives, and other essentials. When, as is sometimes the case, mother's milk is itself harmful to the child, is not this largely the result, of her own disordered metabolism in many cases resulting from improper feeding before, during, and after pregnancy? For mother's milk, like the milk of animals, may be deficient in certain respects if her food be deficient. The milk of stall-fed cows is not so rich either in vitamin A or in vitamin C as that of cows fed in green pastures. Again, is not cow's milk, an important dietary constituent of young and old alike-gradually becoming a luxury reserved for the few? Vegetable margarines are replacing butter even among the richer classes." - Dr Robert McCarrison, MD, FRCP, in "The Lancet", 4 February 1922.

Modern Milk Baby Formula

One of the mysteries of modern "science" is the capability of convincing individuals that an unnatural industrial factory concoction of vegetable oils, and other chemical compounds, are more beneficial to an infant than the Natural Mothers Milk. Or in its lack, that, of the modest cow milk, which both have been used since time immemorial by the Human Species. And as a testament to its known capabilities humankind owes its present existence to same.

Milk "Formulas"
List of Commonly Found Ingredients

Demineralised whey (from milk),
Vegetable Oil:
Palm oil,
Seed Oils:
Rapeseed oil,

Coconut oil,
Sunflower oil,
Single cell oil,
Lactose (from milk),
Skimmed milk,
Galacto-oligosaccharides (GOS) (from milk),
Whey protein concentrate (from milk),
Fructo-oligosaccharides (FOS),
Choline chloride,
Emulsifier (soy lecithin),
Taurine,
Cytidine 5'-monophosphate,
Inositol,
Adenosine 5'-monophosphate,
Niacin,
L-trytophan,
Pantothenic acid.

It is curious to see that seed oils deceitfully called "vegetable oils" such has the:

> *"Rapeseed oil is one of the oldest vegetable oils (1942), but historically was used in limited quantities due to high levels of erucic acid, which is damaging to cardiac muscle of animals, and glucosinolates, which made it less nutritious in animal feed. Rapeseed oil can contain up to 54% erucic acid." - in "Wikipedia", 2018.*

When we think that seed oils where first used for the production of soaps, and that only after the discovery of the process of Heterogeneous catalytic hydrogenation, and the manufacture of the equipment in 1926, that seed oils started to crawl into the food industry chain.

"Nearly 40 years since the introduction of an international code to regulate the marketing of breastmilk substitutes, concerns have resurfaced over the aggressive promotion of these products, and the harmful effect on global rates of

breastfeeding. Concern is growing that industry continues to stretch and violate the rules. Advertisements are by their nature promotional, with a high prevalence of unjustified claims of benefit and without full disclosure of the risks. BMJ has recently been reminded of the substantial harms caused by promotion of breastmilk substitutes and the biases introduced into research and clinical practice by industry influence.

The monitoring of legislation is weak, and companies are rarely prosecuted for breaches. This allows the USD $50 Billion a year. The many benefits of breastfeeding to mother and baby are well established.

The World Health Organization recommends that mothers breastfeed exclusively for the first 6 months, continue breastfeeding alongside the addition of complementary foods in the first year, and continue breastfeeding up to age 2 years or beyond." - in "The BMJ and our sister journals will no longer carry ads for breastmilk substitutes", British Medical Journal, 2019.

Fast Food

The junk food industry's aggressive and irresponsible marketing has even been allowed to hijack the very institutions that are supposed to set an example: the Hospitals.

Defective Diet and Bad Habits

"A long hospital experience had tough me that disease was due to the defective diet and bad habits, and that constipation and its evil results comprised the great share of the ills of life, and that it and they were consequent in the defective supply of proper food to the body.

In other words, chronic intestinal stasis, the name I had employed to comprehend the cause and consequences of constipation, had to be explained fully to the general public. I was fully conscious of the fact that if I appealed directly to the public, I should incur the criticism and the opposition of

the British Medical Association and of the General Body of the Profession. I knew I could count on the latent, or possibly the active support of the more intelligent section." - Sir William Arbuthnot Lane, 1937.

Comorbid and Bipolar Disorders

"The majority of cases of comorbid BD-OCD are in fact Bipolar Disorder cases. Obsessive-compulsive symptoms usually are secondary manifestations of depressive or manic mood episodes. A good example of this problem is the comorbidity of Bipolar Disorder and Obsessive and Compulsive Disorder. More than half of patients with Bipolar Disorder have an additional diagnosis, one of the most difficult to manage being Obsessive and Compulsive Disorder." - Dr Andrea Amerio, MD in "Differentiating Comorbid Bipolar Disorder and OCD", 4 March 2020.

"Reduced physical activity and unhealthy food consumption determine obesity, which is one of the main risk factors for altered metabolic profiles in psychiatric patients. The most common metabolic risk factors are diabetes mellitus and insulin resistance. Chronic stress may result in decreased insulin sensitivity, even when there is no weight gain. It is unclear how it happens, most likely the association is multifactorial. A dysfunctional HPA axis may have a role on two levels:

1. At a behavioural level altered appetite, sleep disturbances and reduced activity may result in impaired glucose metabolism.
2. At a molecular level, neuroendocrine and inflammatory responses could develop diabetes mellitus.

Dyslipidemia (Abnormal Amount of Lipids: e.g. triglycerides, cholesterol and/or fat phospholipids in the blood), is another important risk factor that contributes to mortality and morbidity in OCD patients." - Dr Andrea

Aguglia, MD in "Untangling the Web of Comorbid Obsessive-Compulsive Disorder and Medical Illness", Psychiatric Times, 10 March 2020

> *"**We are reminded that the brain is connected to the rest of the body.**" - Dr Michele T. Pato, MD, in "Obsessive and Compulsive Disorder and related disorders, Clinician Perspectives on Psychiatric and General Medical Comorbidities", Psychiatric Times, March 2020.*

Prevention of Disease

Professor Geoffrey Rose was the main protagonist in Britain from the mid 1970's onwards, explaining that the epidemic of heart disease was caused by the Western Diet.

He suggested that a population approach to prevention of disease was important.

The population based strategy aims to lower the risk factors in the entire population through modification of certain aspects of their:

1. Life Styles, and that
2. Both children and adults should adopt Healthy Eating Habits.

- Professor Geoffrey Rose, MD, FRCP in "Sick individuals and Sick Populations", International Journal of Epidemiology, 1985.

Chapter 45

It's in the Blood

"Symptomology is important in osteopathy Behind the pathology there lies the perverted physiology leading to the symptoms of the abnormal, which are not pathological, but a physiological expression and vital manifestation of the body organism. Pain, for example, is not a pathological condition and cannot be dealt with by suppression. Pain is always a physiological demand for help and an expression of the vital needs of the organism, which may be defined as the prayer of the nerve for pure blood." - J.M. Littlejohn in Principles of Osteopathy

Here in this section it reminds us of the phrase: "It's the economy, stupid", which James Carville had coined as a campaign strategist of Bill Clinton's successful 1992 presidential campaign, the other message being "Don't forget health care."

According to Sebastian Kneipp, the greater part of diseases are due to bad formation of the blood, for blood is the sap of life.

Thus Kneipp wrote that water has the power:

1. To dissolve the Morbid Matters in the Blood,
2. To Evacuate what is dissolved,
3. To strengthen anew the enfeebled organism,
4. Restore a Regular Circulation. (Kneipp, 1903, p. 314)

Inflammation and Chronic Disease

"It turns out that inflammation is one of the hottest topics in modern biomedical research. Biomedical researchers around the world have correlated chronic inflammation with virtually all of the chronic diseases, all of them, there have been hundreds of thousands of scientific papers, that have correlated every disease from "A to Z", with inflammation, specifically with Chronic Inflammation.

Gradually over a period of years, decades, even they can form toxic substances that gradually leak into the system, and cause problems with organs a distance away.

We call these diseases: Chronic Diseases. It's beginning to look like there aren't any chronic diseases, there's just inflammation and it's many different manifestations, which we call Alzheimer's or Diabetes, or any of about nearly 4,000 different conditions that have names.

Really it's looking like, there's one thing we need to solve and that's inflammation, and this has been manifested in the importance of a clinical blood test called CRP c-Reactive Protein (blood test marker for inflammation in the body), when you go to your doctor and he orders a blood test he will order a test of your low level CRP levels, and they will measure that, and that indicates the existence of inflammation somewhere in your system and it's that low level of inflammation that is likely to give rise eventually to chronic diseases of all kinds, including cancer, all of the diseases of ageing and the ageing process itself." - Dr James L. Oschman, PhD, interview 2011.

Causes of Inflammation

"Well, your Diet plays a part in that, your Stress levels play a part, Chronic Sleep Deprivation, Physical Inactivity. A Lack of Exposure to the Sun which gives you Vitamin D. Disruptions in the Gut Microbiome. There are many different things. If we do not address the cause, we'll never

get rid of diseases. Diseases are the symptom." - Dr Rangan Chatterjee, MD in "How to make Diseases Disappear", TEDxLiverpool, 2016.

Acidosis

Acidosis is a state of high acidity in the blood and by consequence in other body tissues, it usually refers to acidity of the blood plasma.

"The phenomenon of acidosis is a general condition rather than a specific disease, and is a symptom in many disorders of nutrition. The immediate cause is a disturbance of the phosphate-carbonate balance in the blood which constitutes its central agency for the maintenance of that approximate neutrality which is necessary to the function of respiration. In human beings acidosis is well known in a great variety of diseases and conditions, especially in diabetes, gastrointestinal disorders in children, fever, starvation, pregnancy, burns and anaesthesia." - in "Bulletin of the Ohio Agricultural Station", Vol. 1-8, 1889-1915.

Nephritis

Inflammation of the Kidneys

"Acidosis may result either from an abnormal formation of acid substances or, as in nephritis, from a decreased elimination of normally formed substances. Under conditions of health, the blood is uniformly maintained at a constant slightly alkaline reaction through the influence of the bicarbonate, phosphate and proteins of the blood.

The carbonates of the blood have been called by L. J. Henderson the first line of defence. Increased pulmonary ventilation, as occurs with dyspnea or hyperpnea (increased rate of breath), serves to increase the excretion of carbon dioxid, thus keeping the reaction of the blood within normal limits.

Nephritis & Shortness of Breath (Dyspnea)

Cases of acute nephritis showing pronounced acidosis (very marked dyspnea - shortness of breath). Acidosis is a fairly prominent feature of many cases of acute nephritis, and is present in severe form in all terminal cases with marked nitrogen retention.

All fatal cases of chronic nephritis with marked nitrogen retention show a severe acidosis, sufficient in many instances to be the actual cause of death. In some cases of acute nephritis and acute exacerbation of chronic nephritis the distress is apparently due to the acidosis, since the judicious use of sodium bicarbonate results in general clinical improvement. With the rise in the carbon dioxid combining power of the blood, the dyspnea and hyperpnea disappear." - Dr Arthur F. Chace, MD, Dr Victor C. Myers, PhD, in "Acidosis in Nephritis", JAMA, 6 March 1920.

In Medicine 1,140 Blood Tests Available

People do blood tests to find out the state of their blood, including the levels of toxicity and the lack of vitamins and minerals in same. So the medical trade, instead of cleansing the blood stream, and detoxifying the person, these so-called Doctors of Medicine further pollute the blood stream of individuals blood with toxic synthetic drugs, this drugs, not only affect the health of the gastrointestinal tract, but also have an effect in damaging the brain and other organs.

Because we all know (or should know) that in order to have good health one needs to have: a good, natural and balanced diet, this correctly prepared. It is what we put in our mouths that ends up in our blood stream. If the individual is careless with his diet the body will suffer.

There are only two types of uses for what we eat:

I. What is nutritious and of food value,

II. No food value, and depending of what it is, the amount, the combination, the manner of preparation it can be render it indigestible, thus becomes toxic to the system.

1. Full blood count. It checks for anaemia and other conditions which affect the blood cells.
2. Urea and electrolytes levels.
3. Measure of kidney function.
4. Measure of liver function.
5. Blood sugar (glucose) level.
6. Blood clotting tests.
7. Test for inflammation.
8. Test for antibodies.
9. Test for bacteria.
10. Test for Hormones such as the thyroid-stimulating hormone.
11. Test for ovarian cancer.
12. Test for prostate cancer.
11. Test for heart failure.
12. Test for autoimmune conditions (Intoxication, Autointoxication, Systemic Toxicity).
13. Test for anaemia.
14. Test for heart attacks, and muscle and brain conditions.
15. Test for bowel cancer.
16. Test for issue damage in the body.

To add the list to the books, would had another 20 pages in a double column format.

> *"Meanwhile there are tens of thousands of wretched sufferers, who can easily, quickly, cheaply, painlessly, and safely get well, if they like. And thousands of thousands more, who would rather be killed by Medicine, than recover by common sense. And thousands besides who would rather die than get well. And how many others who will, in time, become sick,*

but ought Enough Is Already Known to enable us Now, To claim for most if not for all of these, good health and immunity. And every endeavour is being made, by interests battening upon avoidable miseries, to bamboozle people and conceal the truth." - Dr Ulric Williams, MD, MB, Ch.B. 1941.

"There is no chronic disease to be found among fish and animal life in the sea, that compares to those on land. Science is aware that nearly all individual cells in an animal body are replaced during the process of cell division. In man, for example, most of the cells are replaced within about 18 months. If the requirements for certain elements are not supplied by the food ingested as cell division occurs, dilution becomes apparent until these critical elements are non-existent in the organism. This shortage of essential elements does not occur in the sea. Why aren't these vital elements in our food?" - Dr Maynard Murray, MD in "Sea Energy Agriculture", 1976.

"Symptoms, then, are in reality nothing but a cry from suffering organs." - Dr Jean-Martin Charcot, MD

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Back Cover

"Aetiology: That Part of Physick which teaches the Causes of Diseases." - George Cheyne, MD, FRS, in "An essay on Health and Long Life", 1724.

"The cure of many diseases remains unknown to the physicians of Hellos (Greece) because they do not study the whole person." - Socrates, 399 BC.

"Doctors put drugs of which they know little into bodies of which they know less for diseases of which they know nothing at all." - Voltaire

"Of Disease we Know Nothing at All". - Dr William Osler, MD

"The Cause of Disease is Unknown" - Medical practice literature, 2018 AD.

"We have assisted in multiplying diseases; we have done more, we have increased their mortality." - Dr. Benjamin Rush, MD

"Ignorance breeds stupidity, it is your responsibility to get educated. Those who don't educate themselves, are condemned to being educated by others." - Rui Alexandre Gabirro, Emunctologist

Spoiler Alert!

It will be seen that it will probably take about 5,000 years, or longer for Medical Practitioners to finally find or "discover", the cause of disease(s). In the mean time if you don't want to wait, you may wish to read this book.

The Purpose of this Book

"The present work is written for the double purpose of correcting error, and imparting truth. Its purpose is not to attack men, nor systems, but simply to state facts by which their pretensions may be judged." - Dr. Frederick Hollick, MD in "Neuropathy or The true principles of the Art of Healing the Sick", 1847.

Moving Forward

Don Miguel de Cervantes Saaverdra, wrote a book called: "The Ingenious Gentleman Don Quixote of La Mancha". Don makes it his mission to revive Chivalry, along with his squire Sancho Panza, whom is known for his many "sanchismos", quotes that use; wit and humour and ironic proverbs. While there are many quotes to chose from, we dedicate this quote to the Medical Trade: "Let the Dogs Bark Sancho, It's a sign that we're moving forward!"

Book Titles Of Interest

Longevity the Untold Story

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"God created man to be immortal, and made him to be an image of His own eternity." - Wisdom of Solomon 2:23, King James Version

"Be not deceived; God is not mocked: for whatsoever a man soweth, that shall he also reap." - Galatians, 6:7

"Death is not a universal accompaniment of life. In many of the lower organisms death does not occur, so far as we at present know, as a natural and necessary result of life. Death with them is purely the result of an accident, some external cause." - Charles S. Minot in "The Problem of Age, Growth, and Death", 1908

"Such a machine as the human frame, unless accidentally depraved, or injured by some external cause, would seem formed for perpetuity." — Dr. Gregory in "Medical Conspectus"

"If a living organised being be examined at the epoch of its greatest perfection ... a mutuality of cause and effect is perceived which almost promises immortality." — Sir T. C. Morgan

"At some future day there can be little doubt that the value and duration of life will be extended greatly beyond what it is at present—greatly beyond, perhaps, what we at present can imagine" — Dr. Thomson in "Medical Dictionary"

Medicine, The Cure Is Worse than the Disease

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"The physician being, then, a blind man armed with a club, who, as chance directs the weight of his blow, will be certain of annihilating nature or the disease." - D'Alembert quoted by Dr. Richard Tonson Evanson, MD and Dr. Henry Maunsell, MD in "A Practical Treatise on the Management and Diseases of Children", 1842.

"If we compare the good, which a few true disciples of Aesculapius have done since their art began, with the evil which the immense numbers of Doctors have inflicted upon mankind, we must be satisfied that it would have been infinitely better for mankind if Medical Men had never existed." - Boerhaave

"Never mind the name of heterodoxy in Medicine, what is right is right." - J. R. Findlay.

"We can hardly refuse our assent to the observations of the late Sir Gilbert Blane, that in many cases patients get well in spite of the means employed; and sometimes when the practitioner fancies he has made a great cure, we may fairly assume the patient to have had a happy escape." - Dr Jonathan Pereira, FRS, Father of Pharmacology.

Spoiler Alert

Do not Read this if you wish to stay in Fairyland, By pursuing to read this book, you will realize that Medicine, something that misleads or deludes; an illusion, is basically composed of "Pretty gibberish invented to cheat the ignorant," and it is commonly defined by what some in the profession, for many years now have come to realize, that Medicine Science is founded upon: "Fudge", "Inconsistent observations", and other point out that it might also include "Fairy Dust."

Medicine & Poisonous Pharma

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Colon Hydropathy
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“Aetiology: That Part of Physick which teaches the Causes of Diseases.” - George Cheyne, M.D., F.R.S., in “An essay on Health and Long Life”, 1724.

"The cure of many diseases remains unknown to the physicians of Hellos (Greece) because they do not study the whole person." - Socrates, 399 BC.

“Doctors put drugs of which they know little into bodies of which they know less for diseases of which they know nothing at all.” - Voltaire

“Of Disease we Know Nothing at All”. - Dr William Osler, MD

“The Cause of Disease is Unknown” - Medical practice literature, 2019 AD.

"We have assisted in multiplying diseases; we have done more, we have increased their mortality." - Dr. Benjamin Rush, MD

Spoiler Alert!

It will be seen that it will probably take about 5,000 years, or longer for Medical Practitioners to finally find or “discover”, the cause of disease(s). In the mean time if you don't want to wait, you may wish to read this book.

Moving Forward

Don Miguel de Cervantes Saaverdra, wrote a book called: “The Ingenious Gentleman Don Quixote of La Mancha”.
Don makes it his mission to revive Chivalry, along with his Squire Sancho Panza, whom is known for his many “sanchismos”, (quotes that use wit and humour and ironic proverbs). While there are many quotes to chose from, we dedicate this quote to the Medical Trade: “Let the Dogs Bark Sancho, It is a sign that we’re moving forward!”

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